12-Month Outcomes Following Multidisciplinary Management of Postural Orthostatic Tachycardia Syndrome (POTS)

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Abstract

Introduction: There is limited research exploring management outcomes of patients with Postural Orthostatic Tachycardia Syndrome (POTS). Here we aim to determine 12-month outcomes following attendance at a multidisciplinary POTS clinic.

Methods: Consecutive participants aged 16 years and older with physician confirmed POTS who had attended a specialist multidisciplinary clinic, enrolled in The Australian POTS registry between May 2021 and July 2023, and had completed 12-month follow-up, were included. Patient reported outcome measures (PROMS) were collected at baseline and 12-months, consisting of The Composite Autonomic Symptom Score (COMPASS-31), The Fatigue Severity Scale-9 (FSS), The Gastroparesis Cardinal Symptom Index Score (GCSI) and The EuroQol 5-dimensional instrument (EQ-VAS and EQ-Utility). Primary outcomes were changes in these PROMS over the follow-up period. Data were analysed using SPSS statistics.

Results: Of 152 participants included, the majority were female (89.5%) and White (96.1%) with a median age of 35 (IQR 20) years. Participants attended a median of 5 clinic visits (IQR 3) over the follow-up period, including medical, nursing and exercise physiology. Overall autonomic symptom burden (Total COMPASS-31) and orthostatic intolerance improved significantly over the follow-up period (49.3 ± 13.1 vs. 46.0 ± 15.5, $p=0.001$; 28 vs. 24, $p<0.001$, respectively). Vasomotor, secretomotor and bladder symptoms worsened, whilst no significant change in quality-of-life, fatigue or GI burden was observed.

Discussion/Conclusion: There is urgency to understand mechanisms to improve broader autonomic symptom burden and quality-of-life in this challenging population. Whilst multidisciplinary care may contribute to improvements seen, further research is needed to examine specific interventions within this model.