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Sivakoti K, Cortez M, Fedorowski A, et al. (2026) Postural Orthostatic Tachycardia Syndrome (POTS) and Dysautonomia: International Multidisciplinary Expert Consensus. *The American Journal of Medicine.* https://doi.org/10.1016/j.amjmed.2026.08.012

New international consensus paper on postural tachycardia syndrome (POTS) and dysautonomia

Using a modified Delphi method, 40 experts from seven countries evaluated 31 consensus statements on the pathophysiology, diagnosis, treatment, functional implications, clinical training and research needs relating to POTS and dysautonomia. A very high level of consensus of 92.5–100% was achieved, with complete agreement on 24 of the 31 statements.

A key statement of the consensus paper is the recognition of patients with orthostatic intolerance and autonomic symptoms, even if the criteria required for POTS in terms of heart rate increase (≥ 30 beats per minute) are not met. The authors are provisionally using the term 'non-POTS dysautonomia' for this.

The international consensus paper addresses a crucial gap in the diagnosis and treatment of patients with autonomic dysfunction who do not meet the current POTS criteria. Both groups, POTS and non-POTS dysautonomia patients, may exhibit similar impairments and symptoms and could benefit from the same treatments. The paper calls for better identification of patients with dysautonomia, even if the classic POTS threshold is not met. Amongst other tools, the established COMPASS-31 and the Malmö POTS Scale are mentioned for clinical assessment.

The authors emphasise that POTS and non-POTS dysautonomia can occur both as standalone conditions and in association with other conditions. Possible associated conditions mentioned include hypermobility or hypermobile Ehlers-Danlos syndrome, migraine, small-fibre neuropathy, mast cell activation and Long COVID.

Another key statement of the consensus paper is that POTS and other forms of dysautonomia are not functional neurological disorders and are not caused by anxiety, psychological factors or avoidance behaviour.

Furthermore, the experts identify an urgent need for standardised terminology, validated diagnostic criteria, biomarkers, structured care pathways and improved medical training and continuing professional development. For POTS, the existing ICD-10-CM code G90.A[1] is confirmed and for 'non-POTS dysautonomia' the development of a separate ICD-10 code is called for as no such code currently exists.

In sum, the recognition of both POTS and non-POTS dysautonomia could improve diagnostic accuracy, facilitate access to treatment, promote medical training, enable inclusion in clinical trials and drive forward the future development of therapies.

[1] The ICD-10 code for Germany (GM) and Austria (BMASGPK) is: G90.80.