

Postural Tachycardia Syndrome (PoTS) Interim Signposting Document

National Strategic Network for the Long-Term Effects of
COVID 19

Contents

1.	Introduction.....	3
1.1	Aim of this Interim Signposting Document.....	3
1.2	Role of the Long COVID Network.....	3
1.3	Status of this Interim Signposting Document.....	3
1.4	Intended Audience.....	4
1.5	Methodology	4
2.	Recommended Resources	5
2.1	Rationale for this Interim Signposting Document.....	5
2.2	Scope	5
2.3	Resources	5
	Document Development	6
	Consultation.....	6
	Approval	6

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Postural Tachycardia Syndrome (PoTS) Interim Signposting Document

1. Introduction

1.1 Aim of this Interim Signposting Document

This Interim Signposting Document provides signposting to current evidence-based resources for the management of Postural Tachycardia Syndrome (PoTS) in adults with Long COVID and post-viral syndromes in NHS Scotland secondary care services.

UK consensus guidelines are currently in development by the British Society of Cardiovascular Medicine in collaboration with PoTS UK and other stakeholders (expected December 2026). This Interim Signposting Document will be superseded upon publication of those guidelines.

1.2 Role of the Long COVID Network

This Interim Signposting Document has been developed by the National Strategic Network for the Long-Term Effects of COVID 19 (Long COVID Network) within NHS National Services Scotland (NSS). The Long COVID Network is a collaboration of stakeholders involved in care of people with long COVID. The aim of the Network is to facilitate effective communication and collaboration between relevant stakeholders to improve healthcare services for people with Long COVID.

Accountable to Scottish Government, NSS works at the heart of the health service providing national strategic services to the rest of NHS Scotland and other public sector organisations to help them deliver their services more efficiently and effectively.

1.3 Status of this Interim Signposting Document

This Interim Signposting Document is not intended to be construed or to serve as a standard of care.

Clinicians should exercise professional judgement, adopt shared decision-making approaches with adult patients with PoTS, and recognise that treatment efficacy is variable and often modest.

Standards of care are determined based on all clinical data available for an individual case and are subject to change as scientific knowledge and technology advance and patterns of care evolve.

Adherence to this Interim Signposting Document will not ensure a successful outcome in every case, nor should they be construed as including all proper methods of care or excluding other acceptable methods of care aimed at the same results.

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The ultimate judgement must be made by the appropriate healthcare professional(s) responsible for clinical decisions regarding a particular clinical procedure or treatment plan. This judgement should only be arrived at following discussion of the options with the patient, covering the diagnostic and treatment choices available. It is advised, however, that significant departures from the national guideline or any local document derived from it should be fully documented in the patient's case notes at the time the relevant decision is taken.

1.4 Intended Audience

The Interim Signposting Document is intended for primary and Secondary Care Clinicians for patients over 16. Clinicians should exercise professional judgement, adopt shared decision-making approaches with adult patients with PoTS, and recognise that treatment efficacy is variable and often modest.

1.5 Methodology

This Interim Signposting Document was developed by Dr Janet Scott, Clinical Lead, Long COVID Network, Dr Craig Wheelans, Associate Medical Director, National Services Directorate (NSD), NSS and Dr Neil McGuchan, National Medical Advisor, (NSD) NSS in consultation with the Long COVID Network.

This document has been agreed by the Network's Steering Group and approved by the Network's Oversight Board.

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2. Recommended Resources

2.1 Rationale for this Interim Signposting Document

PoTS is increasingly recognised in Post-infection and Associated Complex Chronic Syndromes (PACCS), such as Long COVID, Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS) Postural Tachycardia Syndrome (PoTS), Post Treatment Lyme Disease (PTLD) and similar conditions

Current diagnostic criteria and management approaches are based on international consensus, but **the evidence base is notably weak**. Recent systematic reviews (Wells et al., 2018; Kwok et al., 2024) conclude that most recommendations derive from expert consensus rather than robust randomised controlled trial data.

2.2 Scope

In the LOCOMOTION study (Lee *et al.*, 2024), the largest UK multicentre study to date, 31 of 277 (11%) unselected Long COVID clinic patients across eight UK centres met criteria for PoTS based on at least one heart rate reading ≥ 30 bpm above supine with concurrent symptoms during the NASA Lean Test.

Those meeting PoTS criteria were predominantly younger (75% under 50 years of age) and more likely to be female than the overall clinic population. Pre-existing mental health conditions were approximately twice as prevalent in the PoTS group compared to those without PoTS (30% vs 14%; adjusted OR 2.2, 95% CI 0.8–6.3). The majority were of White ethnicity (90%) with a Long COVID duration of at least 12 months (90%).

2.3 Resources

Primary Resource

[BMJ Best Practice: Postural Orthostatic Tachycardia Syndrome \(2023\)](#)

Provides comprehensive clinical guidance on definition, diagnostic approaches, and stepwise management recommendations. This is the primary recommended resource for clinicians.

Systematic Reviews

- Wells R, et al. (2018). Efficacy of therapies for postural tachycardia syndrome: A systematic review and meta-analysis. *Mayo Clinic Proceedings*, 93(8):1043-1053.
- Kwok CS, Lee S, Hall M, et al. (2024). Systematic review of randomised controlled trials for the treatment of postural orthostatic tachycardia syndrome. *Trends in Cardiovascular Medicine* (in press).

Other Resources

- DePaul PEM Questionnaire

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Validated screening tool for post-exertional malaise. Essential before prescribing exercise interventions as graded exercise can be harmful for patients with PEM.

- NASA Lean Test patient instructions (NHS Highland)

Appendix 1 – Stakeholder Involvement

Document Development

The following stakeholders developed this statement:

Name	Designation	Organisation
Dr Janet Scott	Clinical Lead, Long COVID Network Consultant in Infectious Diseases	NHS NSS NHS Highland
Dr Craig Wheelans	Associate Medical Director	NHS NSS
Dr Neil McGuchan	National Medical Advisor	NHS NSS

Consultation

Individuals and groups consulted – representatives of all stakeholder groups should at least be consulted

Name	Designation	Organisation
Long COVID Steering Group	Steering Group	NHS Scotland long COVID Network
Strategic Oversight Board	Board Members	NHS Scotland long COVID Network

Approval

This statement was approved by the long COVID Network Steering Group on 25th February 2026 and the Oversight Board on 3rd March 2026.

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References

British Medical Journal (2023) [BMJ Best Practice: Postural Orthostatic Tachycardia Syndrome \(2023\)](#)

Lee, C., Greenwood, D.C., Master, H., Balasundaram, K., Williams, P., Scott, J.T., Wood, C., Cooper, R., Darbyshire, J.L., Espinosa Gonzalez, A., Davies, H.E., Osborne, T., Corrado, J., Iftekhar, N., Rogers, N., Delaney, B., Greenhalgh, T. and Sivan, M. (2024) 'Prevalence of orthostatic intolerance in long covid clinic patients and healthy volunteers: a multicenter study', *Journal of Medical Virology*, 96(3), e29486. doi:10.1002/jmv.29486.

Kwok CS, Lee S, Hall M, et al. (2024). Systematic review of randomised controlled trials for the treatment of postural orthostatic tachycardia syndrome. *Trends in Cardiovascular Medicine* (in press).

Wells R, et al. (2018). Efficacy of therapies for postural tachycardia syndrome: A systematic review and meta-analysis. *Mayo Clinic Proceedings*, 93(8):1043-1053.

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