

Freedom of Information (Scotland) Act 2002

DATE RECEIVED	21/02/2022	SUBJECT	PoTS & Long COVID		
PASSED TO	Medical Records Information Medical Director	DATE PASSED	21/02/2022	RESPOND BY	14/03/2022
CATEGORY	Private	FoI NUMBER	2022-078		

Question/s to be Answered

SIGN, NICE and the Royal College of General Practitioners (RCGP) have published guidance for doctors that recognises orthostatic intolerance, including Postural Tachycardia Syndrome (PoTS) as symptoms of long-COVID.

The guidelines recommend that patients experiencing breathlessness, palpitations, fatigue, chest pain and syncope should be reviewed for orthostatic problems. This includes having an active stand or tilt table test, which measures a patient's changes in heart rate and blood pressure after moving from a lying to a standing position.

The guidance also makes a number of recommendations about treatment options for specific conditions associated with long-COVID, for example, patients with autonomic dysfunction, including PoTS and that more research is required to further investigate the relationship between COVID-19, syncope, PoTS and other forms of autonomic dysfunction, in order to promote rapid diagnosis and successful management of this disease.

Pre-pandemic it was estimated that 0.2% of the population has PoTS; it is considered likely that these numbers have increased since people started developing long-COVID. PoTS is recognised to cause significant debility which can have a profound impact on ability to attend education, work or care for family, with significant health and socio-economic consequences. It is therefore important that PoTS is diagnosed and managed effectively.

Postural Tachycardia Syndrome:

1. How do you code activity for a patient with a diagnosis of Postural Tachycardia Syndrome (PoTS)?

Coded to I49.8 in ICD 10 (Other cardiac arrhythmias)

2. In the 3 years prior to the COVID-19 pandemic (2017/18, 2018/19 and 2019/20) how many patients within your board were given a diagnosis of Postural Tachycardia Syndrome (PoTS)? Please provide numbers for each year.

Nil

3. Which specialty are patients with PoTS referred to for management and treatment of their PoTS symptoms?

As a Rural General Hospital all such referrals would be to the General Medical Team

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4. Do you have an established pathway to support the management for diagnosis and treatment of PoTS?

No

5. Do you have a specialist within your health board with the knowledge required to diagnose and manage complex patients with PoTS? If so, can you please name them and their specialty?

General Medical Consultants with generalist experience and if unsure will refer to Specialists in another Health Board

6. Do you run any specialist clinics or services for the management of PoTS in adults and in children?

No

Long Covid:

1. Since the start of the COVID-19 pandemic, how many referrals have you had for the assessment and treatment of long-COVID?

Data not held

2. How many patients have subsequently had a diagnosis of PoTS following a confirmed or suspected COVID-19 infection? Please provide numbers for each year 2020/21 and 2021/22.

See 1.

3. For patients experiencing breathlessness, palpitations, fatigue, chest pain and syncope, do you follow SIGN guidelines to screen for orthostatic intolerance?

All patients referred have a thorough assessment in secondary care and examination is based on findings from the history (as per the SIGN Guidance)

4. What testing do you offer for orthostatic intolerance?

Patients with relevant symptoms will have lying and standing BP and referral on for Tilt Table Testing if required

5. Do you run any specialist clinics or services for the management of patients with long-COVID and which specialty do they sit within?

No

Clarification Request to Requester:

I have been asked to seek a clarification from you on this freedom of Information request:

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Are we looking at the same guideline for Long COVID ([Managing the long-term effects of COVID-19 \(sign.ac.uk\)](#))?

Re Long COVID question 3:

3. For patients experiencing breathlessness, palpitations, fatigue, chest pain and syncope, do you follow SIGN guidelines to screen for orthostatic intolerance?

The SIGN guideline for Long COVID does not suggest screening for orthostatic intolerance that I can see. Rather it suggests a holistic assessment which could involve lists of symptoms for people to consider. If we were to pick up orthostatic symptoms, it recommends:

Consensus recommendation

For people with postural symptoms, for example palpitations or dizziness on standing, carry out lying and standing blood pressure and heart rate recordings (3-minute active stand test for orthostatic hypotension, or 10 minutes if you suspect postural tachycardia syndrome, or other forms of orthostatic intolerance).

Clarification Response from Requester:

Dear FOI Administrator

In question 3 for Long Covid, I summarised some of the common symptoms experienced by patients in relation to PoTS and orthostatic intolerance and was asking if your board would as part of the assessment of Long Covid screen for PoTS or other forms of orthostatic intolerance, as SIGN, NICE and RCGP guidance recognises orthostatic intolerance including Postural Tachycardia Syndrome (PoTS) as symptoms of Long-Covid. See below:

SIGN Guidance

Evidence To Decision: Benefits and harms:

The panel were aware from their experienced that postural symptoms are common in people with ongoing symptoms of COVID-19 and therefore should be investigated.

It is very common for patients to not be aware that their symptoms are postural in nature and often assessment only looks at HR and BP monitoring when a patient is lying or seated, which is why I detailed some of the common symptoms.

I hope this provides clarification regards the nature of this question and that this does relate to the SIGN guidelines.