E-Poster

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Dysautonomia Management in Long COVID and ME/CFS – A Study to Examine the Efficacy of Commonly Used Interventions

Topic: Miscellaneous

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BACKGROUND

Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS) and Persistent Long COVID (LC), defined as Long COVID for more than one year, are complex multisystem conditions with significant functional disability and reduced quality of life. There are currently over one million individuals with LC and ME/CFS in the UK. Dysautonomia prevalence in these individuals ranges from 30-70%. Dysautonomia refers to an abnormality of function of the autonomic nervous system, which in health works in a balanced and rapid manner to maintain automatic control of many of the body systems. Postural tachycardia syndrome and orthostatic hypotension are cardiovascular signs of dysautonomia. The symptoms of dysautonomia can include dizziness, palpitations, pain, brain fog, thermoregulatory disturbances, bladder/bowel problems and post exertional symptom exacerbation. Conservative treatment includes increasing fluid and salt intake, compression garments and encouraging venous return to the heart. It is unclear which of these strategies are effective and whether treating dysautonomia improves overall symptoms in these conditions. Current evidence is limited, with recommendations derived from consensus opinions, consequently good quality data about the efficacy of interventions is needed.

To test the effectiveness of an eight-week clinically supervised personalized dysautonomia management programme in a cohort of 50 persistent LC and ME/CFS patients with objective evidence of dysautonomia.

METHODS

Programme interventions include increasing daily fluid intake to 3 L and salt intake to 10 g, pacing physical, cognitive and emotional exertion to avoid crashes, and calf muscle activation. The interventions will be tested in a cumulative and sequential manner for each patient to estimate which intervention has the best effect, accepting the fact that there will be a summative effect of interventions. If pharmacological treatments are being used in routine practice, their effect will also be evaluated.

RESULTS

There will be weekly follow-up using subjective testing of dysautonomia using validated subjective questionnaires, the Composite Autonomic Symptom Score (COMPASS-31) and Yorkshire Rehabilitation Scale (YRS) and objective testing using the NASA Lean Test to estimate the efficacy of management strategies. The analyzed results of this study will be presented.

CONCLUSION

There are currently non-pharmacological and pharmacological treatments for dysautonomia, however treatment efficacy data is limited. The population of patients experiencing symptoms of dysautonomia extends beyond the study populations of LC and ME/CFS and thus widening the relevance of the findings of this preliminary study.

Statement of Disclosures

None

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