
Table 1: Principal causes of orthostatic symptoms

Orthostatic hypotension

Resulting from dysautonomia

Central (e.g., multiple system atrophy, Parkinson's disease)

Spinal (e.g., transverse myelitis, spinal tumours)

Peripheral (e.g., diabetic polyneuropathy, amyloidosis)

Resulting from vasovagal reactions

Induced (e.g., pain, carotid hypersensitivity)

Spontaneous: neurocardiogenic syncope

Resulting from cardiac malfunction

Pump failure (e.g., severe chronic heart failure, valvular dysfunction)

Arrhythmia (e.g., atrial fibrillation)

Resulting from absolute hypovolemia

Acute (e.g., hemorrhage, acute dehydration)

Chronic (e.g., adrenal insufficiency, salt-losing nephropathy)

Resulting from relative hypovolemia

Generalized vasodilation (e.g., sepsis, systemic mastocytosis)

Local venous pooling (e.g., severe venous insufficiency)

Resulting from extrinsic influences

Drugs (e.g., antihypertensive drugs, antiparkinsonian drugs)

Other (e.g., alcohol, heat)

Resulting from deconditioning (e.g., convalescent patients)

Postural orthostatic tachycardia syndrome**Psychogenic**

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