

## **Signs and Symptoms of Autonomic Dysfunction**

Some of the listed symptoms are always present while others occur when a person with Autonomic Dysfunction has been standing or sitting too long:

- Dizziness
- Lightheadedness
- Vertigo (room spinning or the sensation of spinning)
- Feeling faint (pre-syncope)
- Fainting (syncope)
- Chest pain or pressure
- Excessive fatigue
- Rapid heart rate (tachycardia)
- Stomach pain
- Intestinal cramping
- Nausea
- Vomiting
- Retching
- Exercise Intolerance: becoming short of breath on mild exertion, having chest pain or palpitations on mild exertion. Having excessive heart rate during or immediately after exercise. Leg cramps or numbness of arms and legs during or after mild exercise.
- Visible pooling in arms and legs: Deep purple-red color in fingers and toes.
- White appearance of fingers. Some present with white patches of skin on arms and legs.
- Extremely cold hands and feet.
- Numbness of hands and feet.
- Muscle weakness
- Muscle and joint pain
- Tremors or mild shaking of hands
- Frequent headaches or migraine headaches
- Irritability due to decreased blood flow to the brain
- Feeling anxious/Having panic attacks due to increased production of adrenaline

- Mood changes
- Forgetfulness
- Inability to concentrate or remember (frequently referred to as "brain fog")
- Inability to tolerate changes in temperature
- Decreased sweating or excessive sweating
- Abnormal deep tendon reflexes may or may not be present.
- Basic neurological exam is normal.
- Intelligence normal when receiving adequate cerebral perfusion.

**Less frequently recognized signs and symptoms:**

- Insomnia
- Disruption of sleep/wake cycle usually consisting of increased energy late in the evening and lowest energy level in the morning irregardless of amount or quality of sleep.
- Central sleep apnea
- Need to sleep 12-14 hours in order to complete simple activities of daily living.
- Anoxic or convulsive seizures that are not epileptic.
- Frequent need to urinate at night.
- Upon standing feels head is "heavy". This resolves with lying down or with walking around.
- Decrease in (or absence of) lubricating tears in the eye.
- Sensitivity to bright, florescent light and bright sunlight. Many patients report feeling pre-syncopal in large grocery stores and department stores that use excessive florescent lighting. Flashing lights and multi-colored lighting can also produce symptoms.
- Visual distortion: Television screens and computer screens can appear distorted, especially post-syncopal or pre-syncopal episode. Flat screens are recommended.
- Distorted depth perception resulting in a feeling of unsteadiness. Often appears to be "clumsy" or excessively cautious when climbing stairs, reaching for an object, etc.
- Other visual disturbances include a graying out or blacking out of the visual field; either partially or completely.
- Decreased awareness of what is in the peripheral visual field. This often causes the patient to startle because they did not perceive anyone or anything next to them.

-Frequent "bumping into things". Attributed to a combination of visual and depth perception deficits.

-Noise sensitivity. Loud or beating sounds can cause pre-syncopal episodes. Difficulty filtering out sounds. Easily distracted by sounds.

-Sensitivity to odors, even pleasant smelling chemicals such as perfume. Odors such as cleaning products, gasoline, strong foods, etc. may cause extreme nausea, retching, vomiting, dizziness and headache.

Decrease production of saliva or excessive production of saliva.

-Severe constipation and decreased gut motility.

-Weight gain irregardless of diet modifications.

-Overall slowing of metabolism is common. -Increased metabolism (rare)

-Excessive gut motility leading to chronic diarrhea and weight loss. (less common)

-Sensitivity to touch. Mild pat on the arm or squeeze of the hand can cause excruciating pain especially right after an episode or if the patient has not had enough sleep.

-Decrease sensitivity to pain/touch in certain areas. If standing or sitting too long causes hands and feet to turn cold and blue, patient will have decreased sensation in these areas due to poor blood flow.

-Taste and appetite changes. Fruits and other acidic foods may taste extremely acidic. Foods may taste differently if patient is tired, stressed, or post-syncopal episode.

-Hair loss due to decreased blood supply to hair follicles.

-Speech disturbances: Inability to finish an expressed thought, loss of train of thought, "spoonerisms", especially if up and about for 2 hours or more without lying flat and resting.

-Comprehension difficulties. Inability to follow a conversation. May hear words but is unable to understand their context in the sentence. Cannot focus on more than one activity at a time. May not realize they are being addressed. Losses conversation focus when topic is changed. Is easily distracted from the conversation focus by any environmental stimuli.

-Memory recall deficits in long and short term memory. Improves with lying down and resting.

-Abdominal migraines. Severe stomach pain triggered by large meal or by sitting or standing too long. Usually resolves if patient lies quietly.

-Drifting to the right or left when walking. Most commonly patients report drifting to the left. Many patients report always fainting to

the left as well. Appears to be unrelated to hand-dominance, but further research is needed.

-Tend to have mild symptoms of Ehlers-Danlos, but do not necessarily test positive for the disease. This includes hypermobile joints, double joints, and soft, velvet-like skin that has little or no texture.

-Often has another auto-immune disorder.

-Family History of auto-immune disorder or symptoms that resemble autonomic dysfunction.

-Appears to have more viral illnesses than general population. Often diagnosed with Chronic Fatigue Immune Dysfunction Syndrome.