Orthostatic intolerance is quite a common problem. This refers to changes in body position. Normally, the body responds to this by stabilising blood pressure etc. within 60 seconds. This is accomplished by changes in heart rate (increase of 10-15 beats/minute) and blood pressure.

However, in people with orthostatic intolerance, there is excessive heart rate increase on standing up.

There will therefore be an impact on the cardiovascular system as a whole as well as in hormone levels involved with blood pressure regulation.

This may give rise to the following symptoms:

- Excessive fatigue
- Exercise intolerance
- Recurrent syncope (fainting) or near syncope
- Dizziness
- Nausea
- Tachycardia (rapid heartbeat)
- Palpitations
- Chest discomfort
- Shortness of breath
- Weakness - most noticeable in the legs
- Visual Disturbances: blurred vision/tunnel vision/'greying out'
- Gastrointestinal problems
- Migraines and other headaches
- Feeling tremulous
- Mood Swings

A recent study ([1]) of women with FMS has shown that they have an impaired ability to activate the hypothalamic-pituitary portion of the hypothalamic-pituitary-adrenal axis as well as the sympathoadrenal system, leading to reduced ACTH and epinephrine responses to hypoglycaemia.

This may well also be the case in arachnoiditis patients.

Neurally-mediated hypotension (NMH) is known to be associated with Chronic fatigue (CFS).

Very rarely, there may be autonomic dysreflexia as seen in spinal cord injuries, with paroxysmal hypertension due to excess sympathetic activity reflexly activated by bladder or bowel distension, as described by various authors. ([2])

Other cardiovascular symptoms include palpitations.

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[1] Adler GK, Kinsley BT, Hurwitz S, Mossey CJ, Goldenberg DL *Am J Med* 1999 May; 106(5):534-43 Reduced hypothalamic-pituitary and sympathoadrenal responses to hypoglycemia in women with fibromyalgia syndrome.

[2] Mathias CJ *Hypertension* 1991 Nov; 18(5 Suppl): III22-30 Role of sympathetic efferent nerves in blood pressure regulation and in hypertension.

Colachis SC 3d *J Am Paraplegia Soc* 1992 Jul; 15(3):171-86 Autonomic hyperreflexia with spinal cord injury.