POTS vs. Anxiety: A Clinical Comparison & Diagnostic Reference

A quick-reference guide designed for teen girls, families, educators, and healthcare providers to distinguish Autonomic Dysfunction (POTS) from Psychological Anxiety / Panic Attacks.

Diagnostic Comparison Matrix

Feature	POTS (Postural Orthostatic Tachycardia Syndrome)	Anxiety / Panic Attack
Primary Trigger	**Physical:** Moving from lying/sitting to standing, or standing still for extended periods.	**Psychological:** Stressful thoughts, sensory overload, environments, or emotional triggers.
Heart Rate Pattern	Spikes by **30+ BPM** (or exceeds 120 BPM) specifically upon standing; usually settles when lying flat.	Sustained high heart rate regardless of physical position (sitting, standing, or lying down).
Positional Relief	**Immediate / Significant:** Symptoms improve rapidly within minutes of lying down or elevating legs.	**Minimal to None:** Lying down does not automatically resolve the elevated heart rate or panic.
Physical Signs	Blood pooling in legs/hands (purple/mottled skin), "coat hanger" neck/shoulder pain, cold hands/feet.	Sudden facial flushing, generalized heat, sweating, tremors, or hyperventilation.
Recovery	Symptoms usually improve significantly within minutes of lying down; hydration, and salt are known to help.	Symptoms persist until the emotional stressor fades or self-soothing techniques take effect.
Underlying Mechanism ("The Why")	Failure of the Autonomic Nervous System (ANS) to properly constrict blood vessels against gravity.	Activation of the body's adrenaline / "fight-or-flight" pathway triggered by the brain’s amygdala.

How to Use This Chart in Medical & Academic Settings:

1. In Clinical Appointments (Self-Advocacy Script)

When a physician suggests a postural heart rate spike is "just anxiety," use this response:
"My heart rate consistently increases by over 30 beats per minute specifically when I stand up, and it drops immediately when I lie flat. Because this symptom is strictly positional and tied to postural changes rather than emotional stressors, I would like to request an evaluation or tilt-table test for postural dysautonomia."

2. For Educators & School Health Personnel

When a student presents with sudden fatigue, lightheadedness, or a rapid pulse in class:

- **Check Position:** Has the student been standing at a podium, waiting in line, or sitting motionless for an extended duration?
- **Intervention:** Allow the student to sit down, elevate their feet, and drink water. If symptoms improve upon sitting/lying down, this points toward positional orthostatic intolerance rather than classroom anxiety.