자율신경계 질환에 의한 어지럼증의 임상 진단

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Clinical diagnosis of dizziness due to autonomic disorders

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Orthostatic dizziness/vertigo is one of the symptoms of dysautonomia. Exertional and postprandial dizziness are specific types of autonomic dizziness that develop in those special circumstances. Patients with exertional or postprandial dizziness frequently present with orthostatic dizziness. Orthostatic dizziness/vertigo commonly occurs in the context of orthostatic hypotension (OH) or postural tachycardia syndrome (POTS). OH is defined as a sustained reduction of systolic blood pressure of at least 20 mmHg or diastolic blood pressure of 10 mmHg within 3 minutes of standing or during head-up tilt test. However, neurogenic OH results from sympathetic adrenergic failure and usually shows a drop of systolic blood pressure of at least 30 mmHg or diastolic blood pressure of at least 15 mmHg within 3 minutes of standing or during head-up tilt test. It is usually associated with diabetic or non-diabetic autonomic neuropathy, neurodegenerative diseases such as Parkinson's disease or multiple system atrophy, and primary autonomic failure. POTS is also a common cause of orthostatic intolerance and is defined by development of orthostatic symptoms in association with a heart rate increment of 30 or more beats per minute on assuming an upright posture. The pathophysiology of POTS is complex and heterogeneous, but some patients with POTS have anti-ganglionic (α3) acetylcholine receptor antibody, suggesting a limited form of autoimmune autonomic neuropathy.

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