
“I Can’t Think Properly” – Brian Fog & POTS

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Case Presentation - AP

■ ONSET

- ❑ Age 26 years; SWF; works in music industry
- ❑ Dx “Pneumonia” -> inhalers
- ❑ Developed “spells of tachycardia”
- ❑ Cardiologist#1 proposed EP Study/Ablation
- ❑ Cardiologist#2 -> Tilt Test
- ❑ Associated Symptoms
 - Lightheaded/presyncope (standing)
 - Intermittent stabbing chest pains (standing)
 - Mental clouding (“brain fog”)
 - Severe fatigue

Case Presentation – AP (2)

■ ORTHOSTATIC CHALLENGE

- Standing Time (min):10
- 15 min Supine: HR - 73 bpm; BP - 103/72 mmHg
- 1 min Upright: HR - 106 bpm; BP - 109/80 mmHg
- 3 min Upright: HR - 105 bpm; BP - 106/83 mmHg
- 5 min Upright: HR - 122 bpm; BP - 118/75 mmHg
- 10 min Upright: HR - 121 bpm; BP - 118/78 mmHg

Case Presentation – AP (3)

■ Treatments

- ❑ Midodrine -> “bugs in hair”
- ❑ Fludrocortisone > bloated
- ❑ Propranolol 20mg TID
- ❑ NaCl 1 gm TID
- ❑ Vit B12
- ❑ OCP: Yaz -> Desogen
- ❑ DDAVP 0.2mg PRN (infrequent)
- ❑ Waist high compression stockings

- Unable to continue working due to “**brain fog**”

Brain Fog

@missmitchell

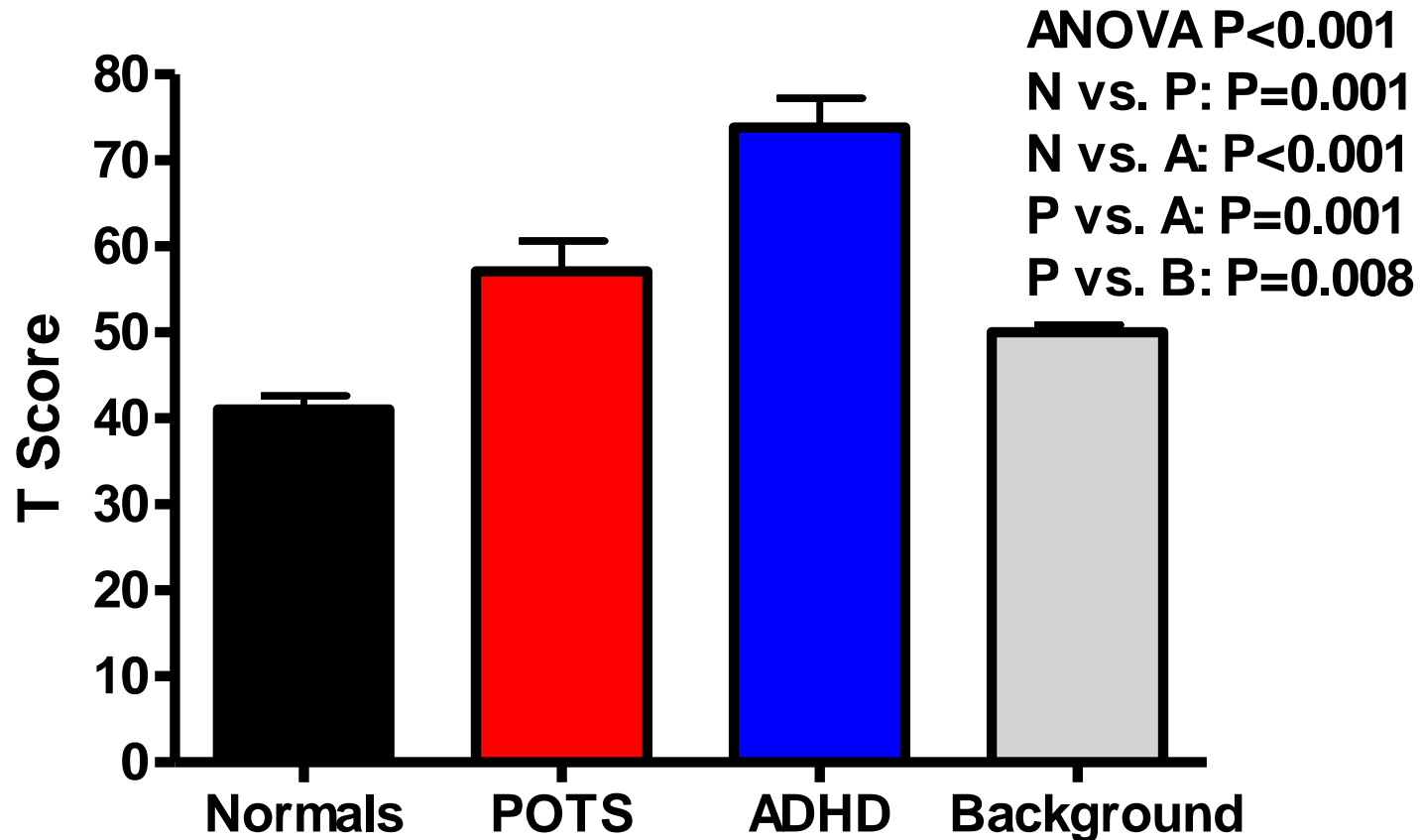
I can't express to you how bad I hate having brain fog. It's embarrassing and upsetting. It's like one minute I'm in a serious conversation about something and the next minute I forget where I'm at.

**Wait... What was I
talking about again?**

Brain Fog in POTS

- **Mental clouding or brain fog** is an *almost universal* complaint among POTS patients (80-90% of patients in our center) even while lying down or seated.
- **Described as:**
 - ❑ difficulty thinking,
 - ❑ concentrating,
 - ❑ paying attention;
 - ❑ trouble remembering things;
 - ❑ cloudy or fuzzy feeling in head;
 - ❑ having problems finding right words.”
- **Precise nature** of brain fog and optimal therapeutic strategies have **not been described in POTS.**

CAARS DSM-IV Inattention Scores



Study: Origins of Brain Fog



Amy Arnold



Psychometric Test Battery

Neuropsychological Test	Tests What?
Weschler Test of Adult Reading (WTAR)	Intelligence (IQ)
Ruff 2&7 Speed	Selective Attention
Ruff 2&7 Accuracy	Sustained Attention
Trails A	Psychomotor Speed
Trails B	Executive Function
Symbol Digit Modality Test (SMDT)	Cognitive Processing Speed
Stroop Word Color	Executive Function
Randt – Short Story	Memory - Semantic
Randt – Paired Words	Memory - Associative
Randt – Repeating Numbers	Memory - Working
Controlled Oral Word Association (COWA)	Verbal Fluency

Origins of Brain Fog: Subjects

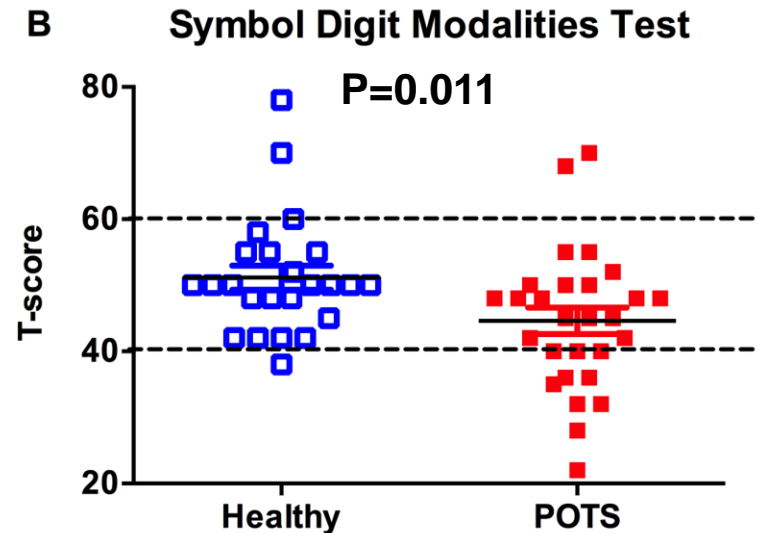
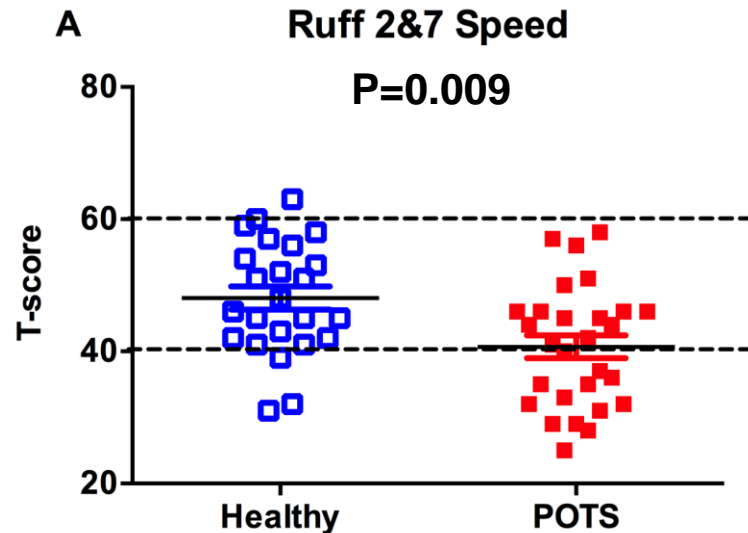
	Healthy (n=24)	POTS (n=28)	P value
Disease duration (y)		2.2 ± 1.9	
Age (y)	30 ± 6	31 ± 9	0.85
BMI (kg/m ²)	22 ± 3	22 ± 3	0.60
Race, Caucasian	92% (22)	96% (27)	0.20
Education (y)	18 ± 2	16 ± 3	0.007
IQ Scores	112 ± 5	110 ± 7	0.24
Seated Vitals			
SBP (mmHg)	101 ± 7	100 ± 11	0.54
DBP (mmHg)	64 ± 8	64 ± 8	0.80
HR (bpm)	69 ± 9	78 ± 11	0.01

Mean ± SD

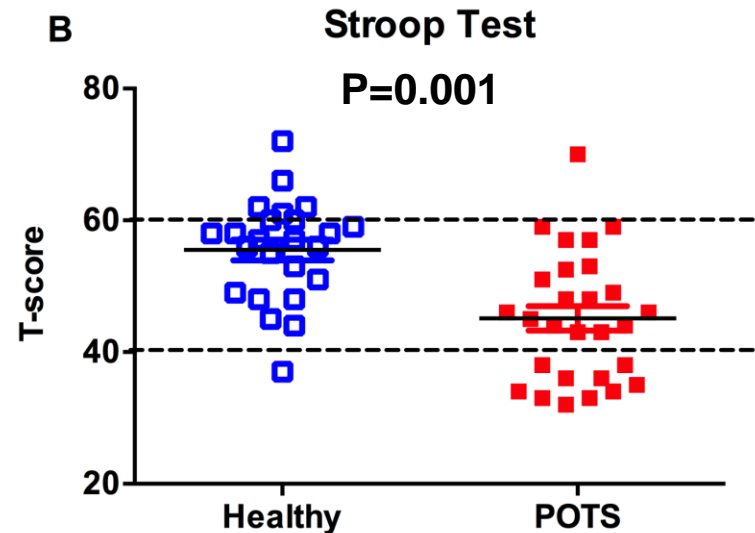
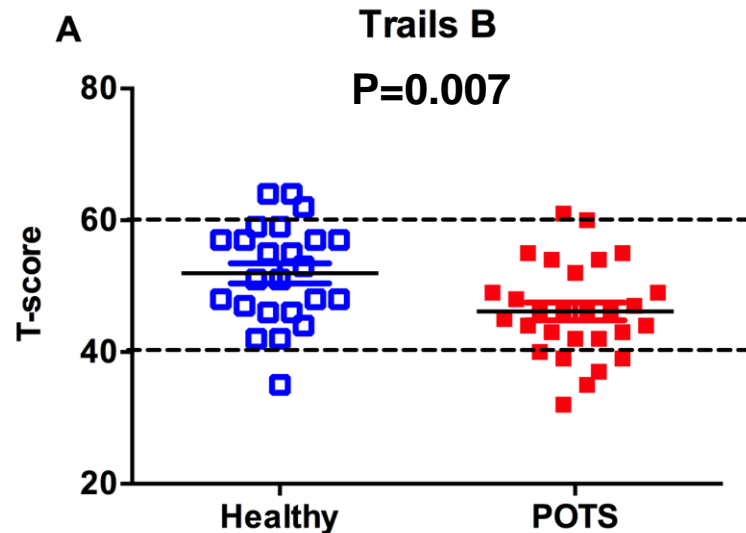
Psychometric Tests - Differences

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Abnormal Selective Attention & Abnormal Cognitive Processing Speed



Abnormal Executive Function



Origins of Brain Fog: What We Found 1

- Deficits in selective attention and cognitive processing in POTS patients.
- No differences in psychomotor speed, sustained attention, memory or verbal fluency suggesting selectivity in cognitive deficits.
- No association with psychiatric symptoms (depression, anxiety).

Origins of Brain Fog: What We Found 2

- These problems were observed in the **seated position** when orthostatic symptoms and tachycardia are minimized. *This may indicate it is part of the disorder itself and not due to increased heart rate and symptoms with standing.*
- Further studies are needed to determine impact of standing, the underlying causes and optimal treatment strategies.

Brain Fog & Standing

N-Back Test (Executive Function)

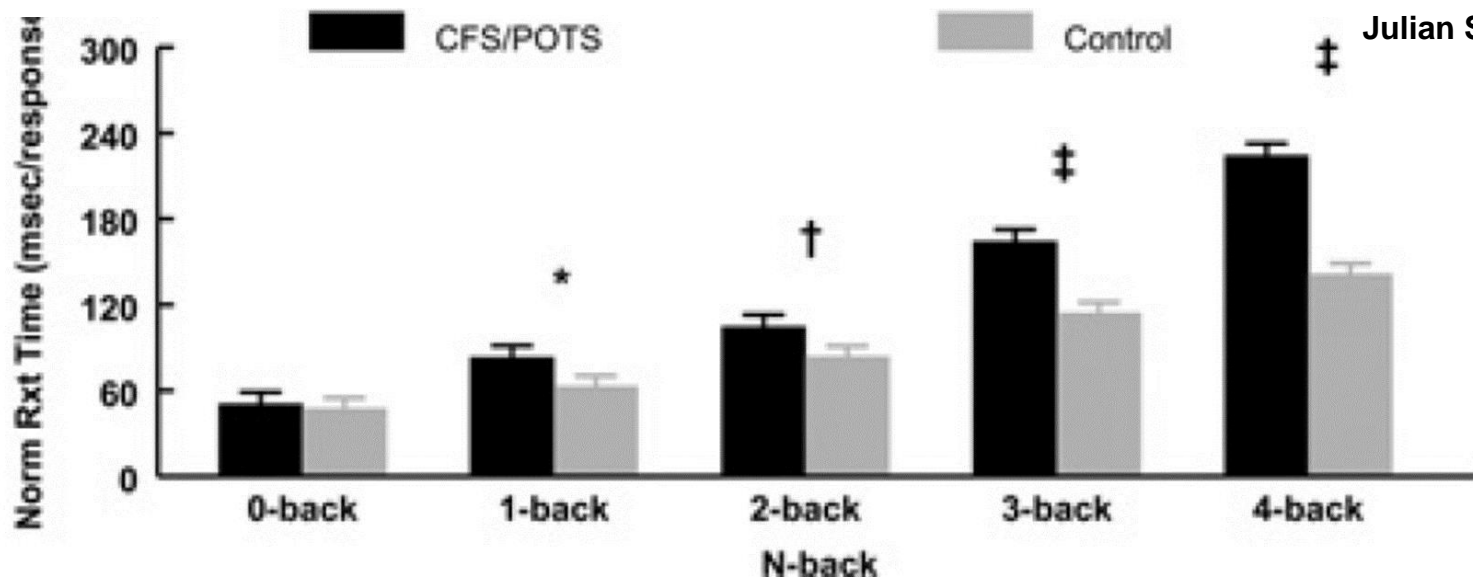
- Mark the letter that is a repeat of the same letter N-x characters back

N-1	A k w l c k c j e d s s d r
N-2	A k w l c k c j e d s s d r
N-3	A k w l c k c j e d s s d r
N-4	A k w l c k c j e d s s d r

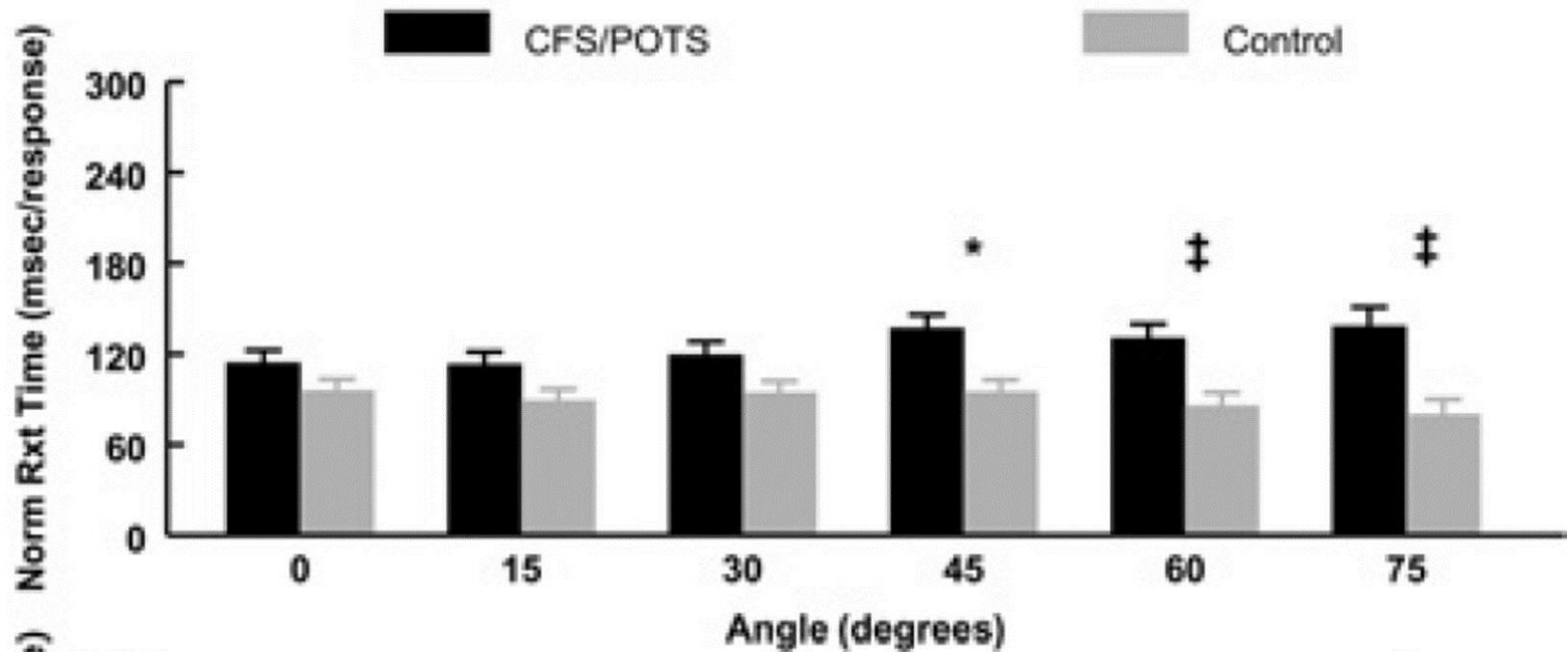
POTS Patients Do Worse on N-back with Higher N-back



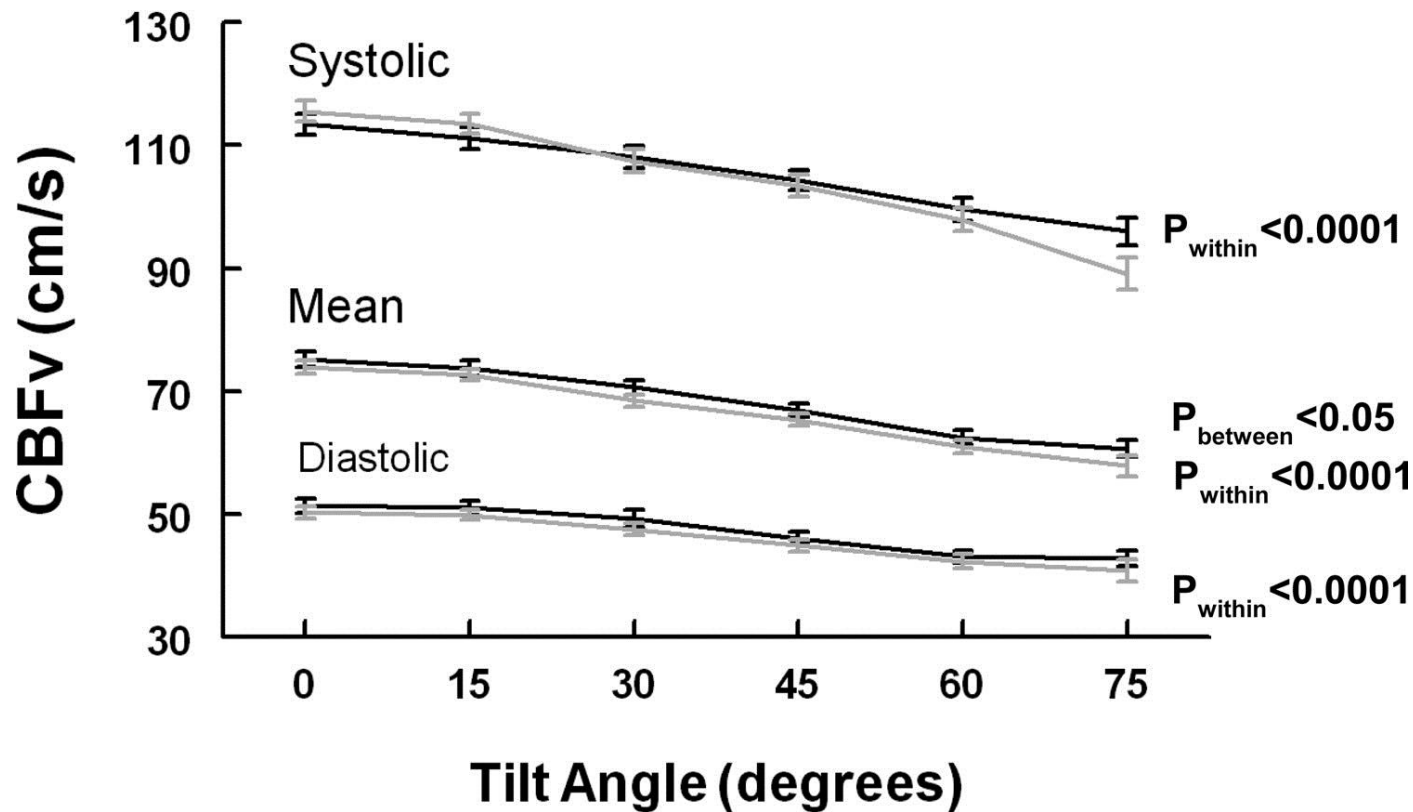
Julian Stewart



POTS Patients Do Worse on N-back with Head-Up Tilt



...but Upright Cerebral Blood Flow was not reduced in POTS patients



Brain Fog in POTS: What We Know

- There is a problem with executive function and selective memory while seated
 - Executive Function gets worse while upright
 - This is NOT due to decreased cerebral blood flow velocity
-

Brain Fog & POTS:

What to do?

S O R R Y

**BRAIN TEMPORARILY OUT OF
SERVICE DUE TO TECHNICAL
DIFFICULTIES. WE ARE
CURRENTLY WORKING TO
RECTIFY THE PROBLEM.
PLEASE TRY AGAIN LATER**

How do we treat cognitive deficits in POTS?

- There have been no studies looking at treatment strategies for brain fog in POTS.

Attention Deficit Disorder Drugs

- **Stimulants**

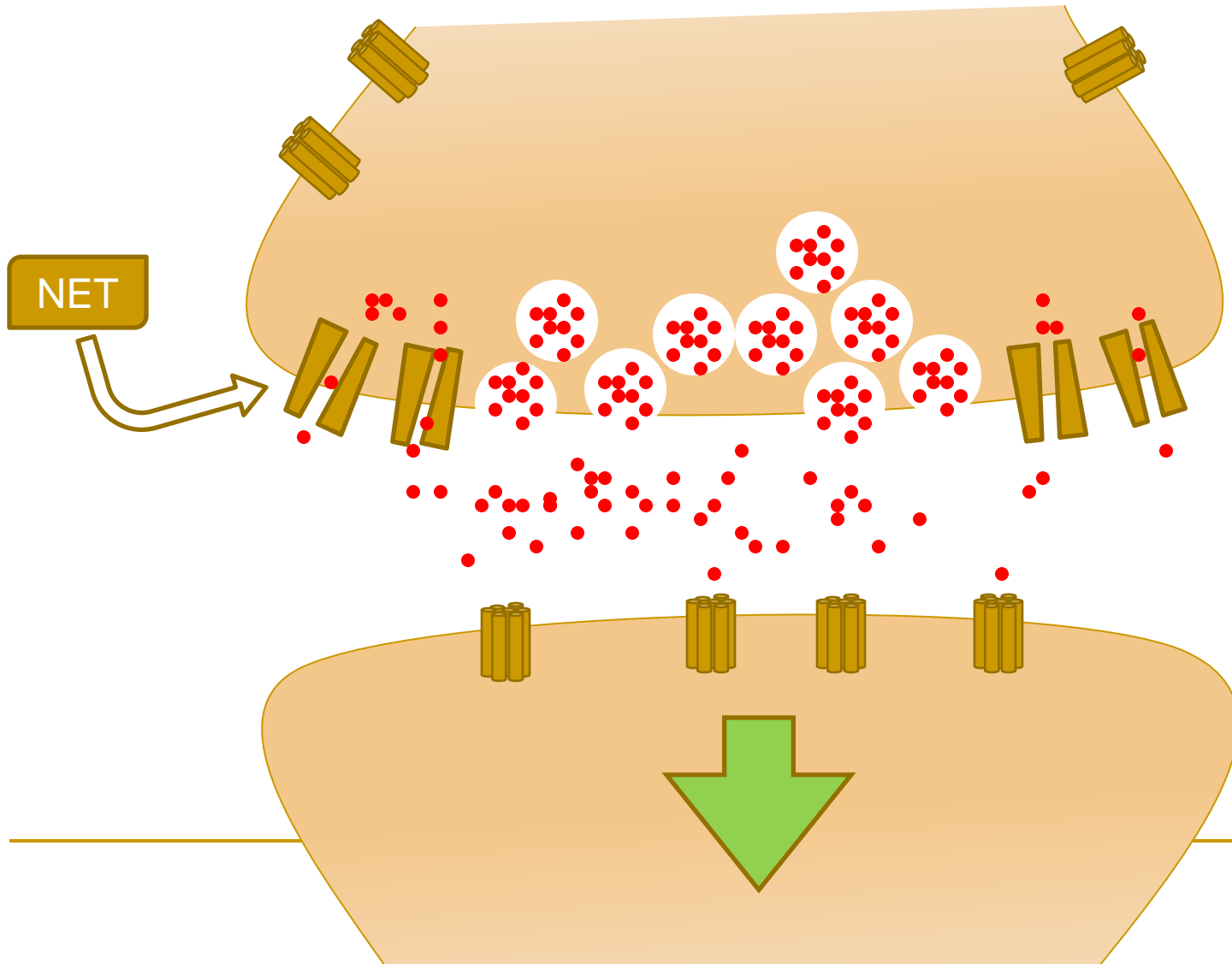
- Amphetamines (e.g. Vyvanase, Adderall)
- Methylphenidate (e.g. Ritalin)
- Atomoxetine

- **Drugs block Reuptake Transporters**

- Dopamine
- Norepinephrine

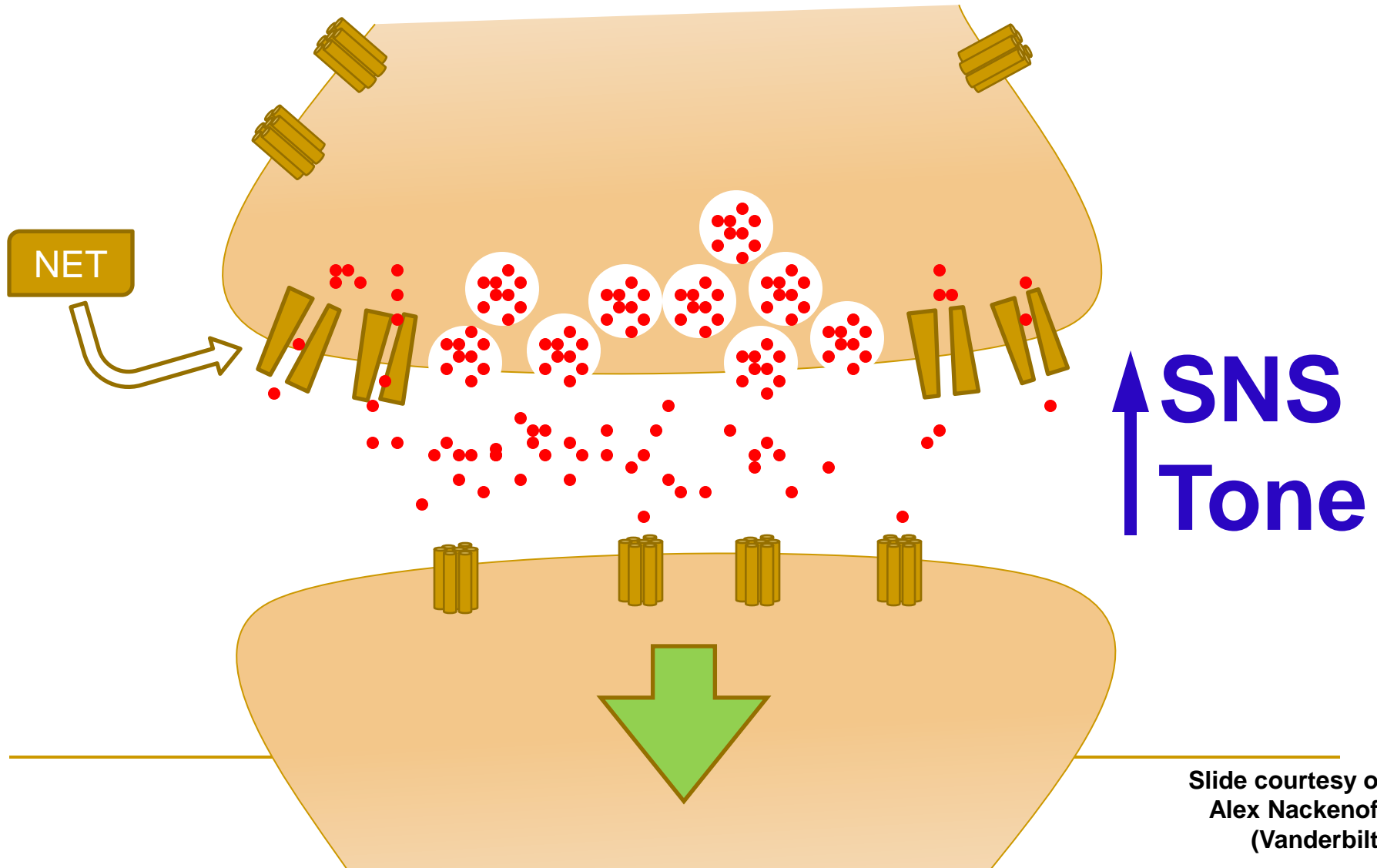
- **Can INCREASE/WORSEN heart rate**

A Norepinephrine Synapse



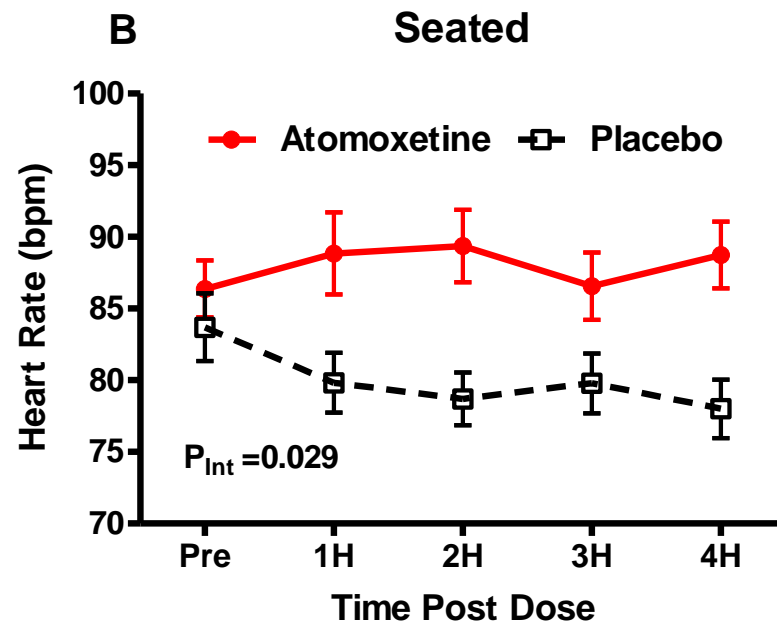
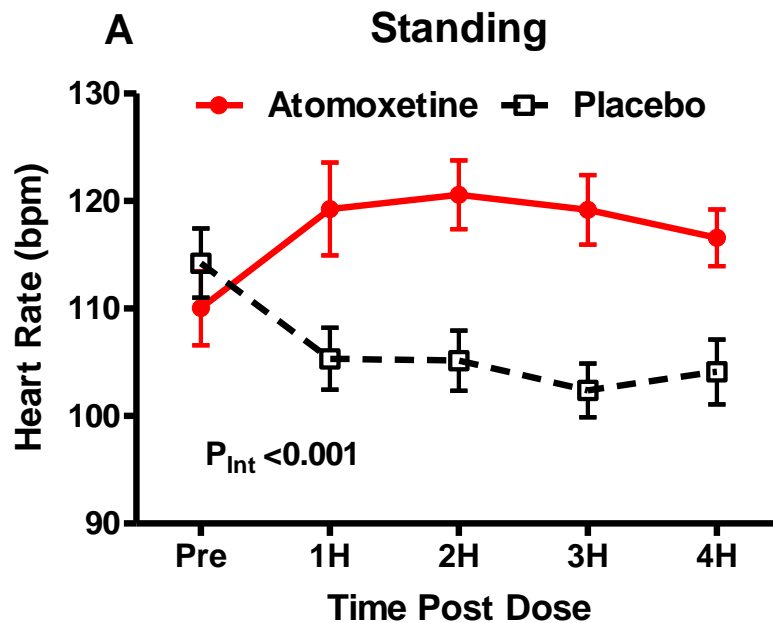
Slide courtesy of
Alex Nackenoff
(Vanderbilt)

Norepinephrine Synapse – NET blocked

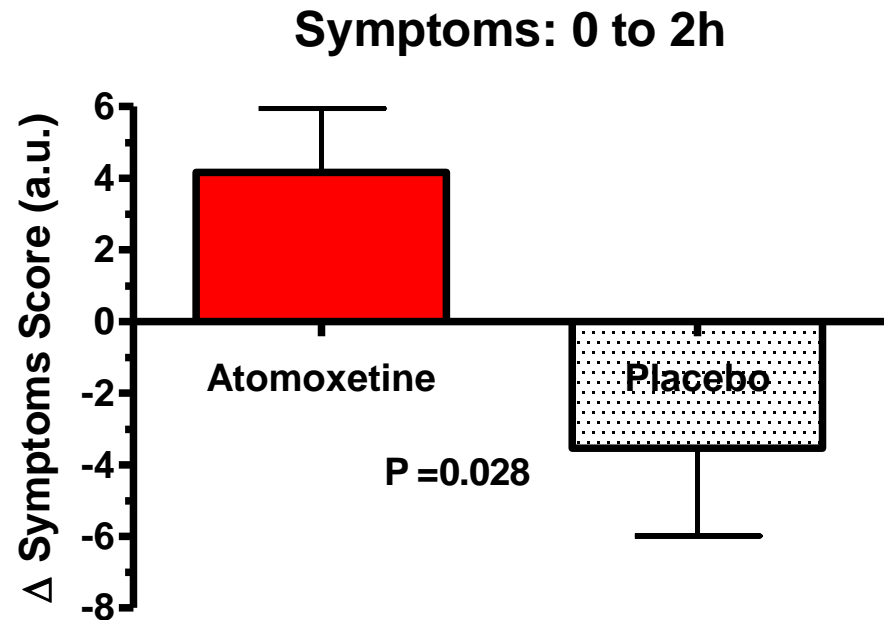
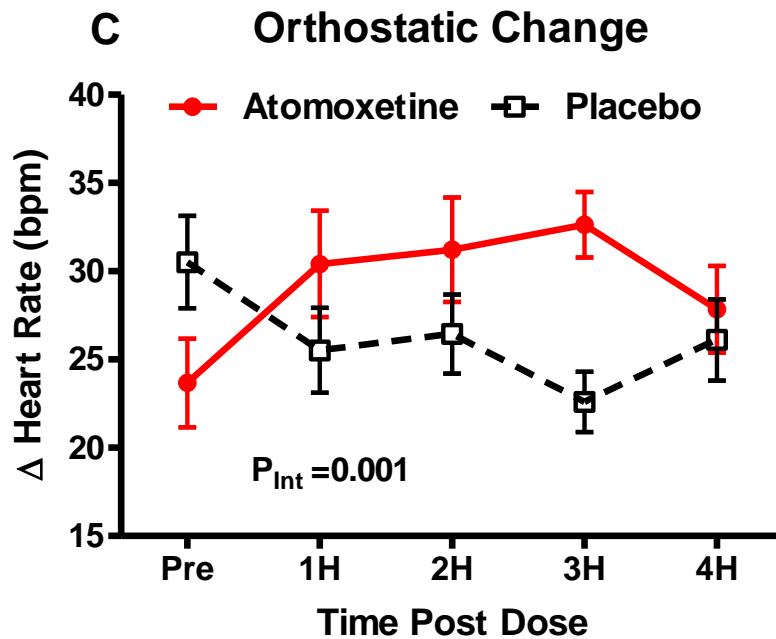


Slide courtesy of
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Norepinephrine Transporter Inhibition (e.g. stimulants)



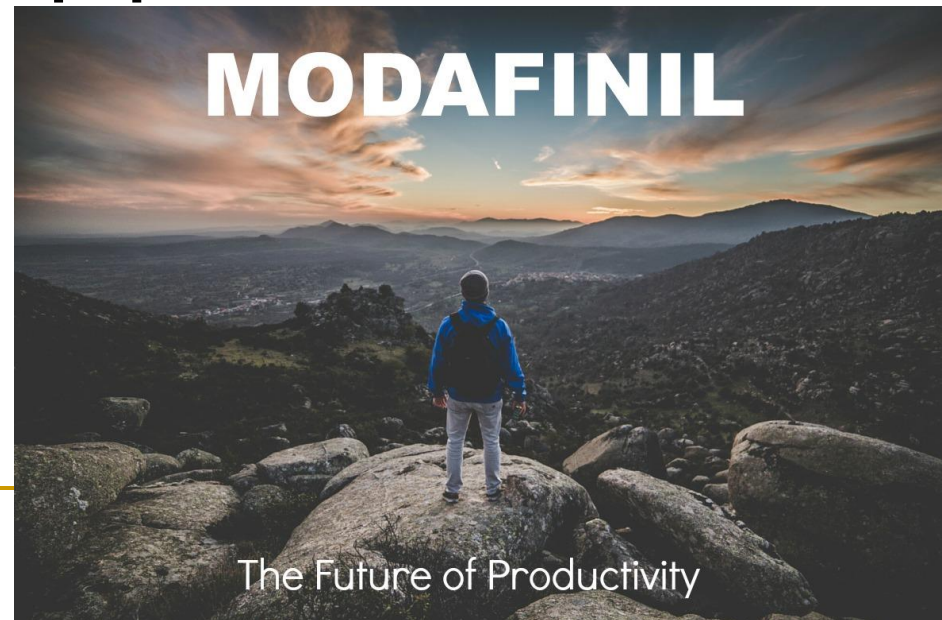
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Modafinil

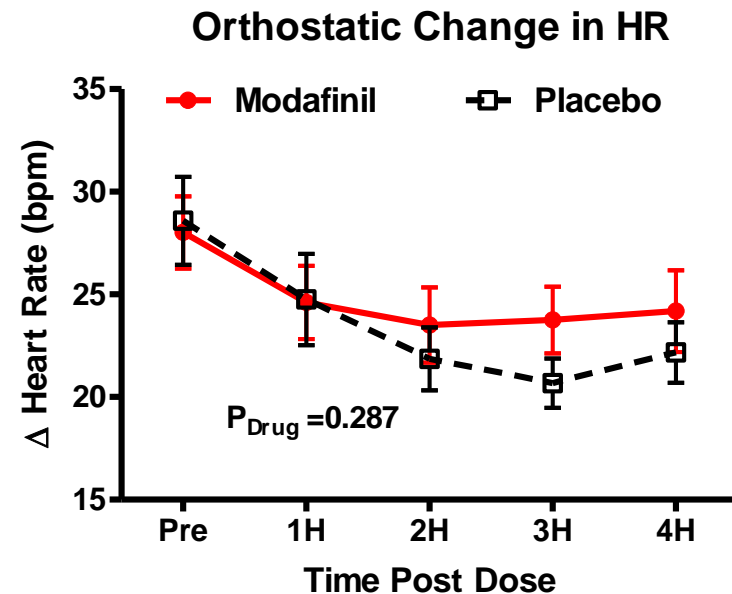
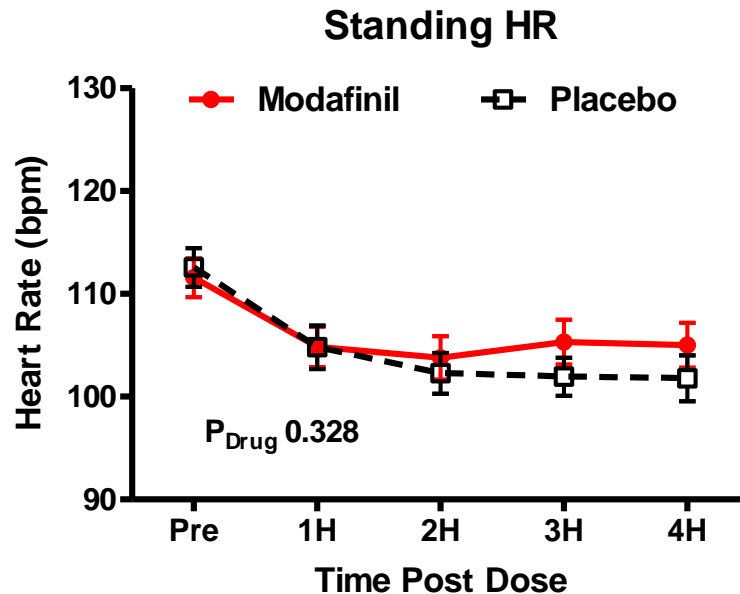
The psychostimulant **modafinil** has gained increasing interest:

- **wakefulness-promoting agent** used in the treatment of narcolepsy, fatigue, depression and sleep deprivation disorders
- known ability to **improve attention and executive function** in other clinical populations with cognitive impairment.



The Future of Productivity

Modafinil has modest effects on HR



POTS & Brain Fog...No Data?

Enroll in Clinical Trial

Modafinil and Cognitive Function in POTS

Hypothesis:

We will test the hypothesis that **acute administration** of the psychostimulant **modafinil** improves seated measures of **cognitive function** in patients with POTS.

Specific Aims:


- **Aim 1:** Does acute **modafinil** improves cognitive function in POTS patients compared with placebo.
- **Aim 2:** To assess whether the beta-blocker **propranolol**, either **alone or in combination with modafinil** to control tachycardia, improves cognitive function in POTS.

Study Design

Study Day 1

- baseline characterization
- autonomic testing
- CogState Training

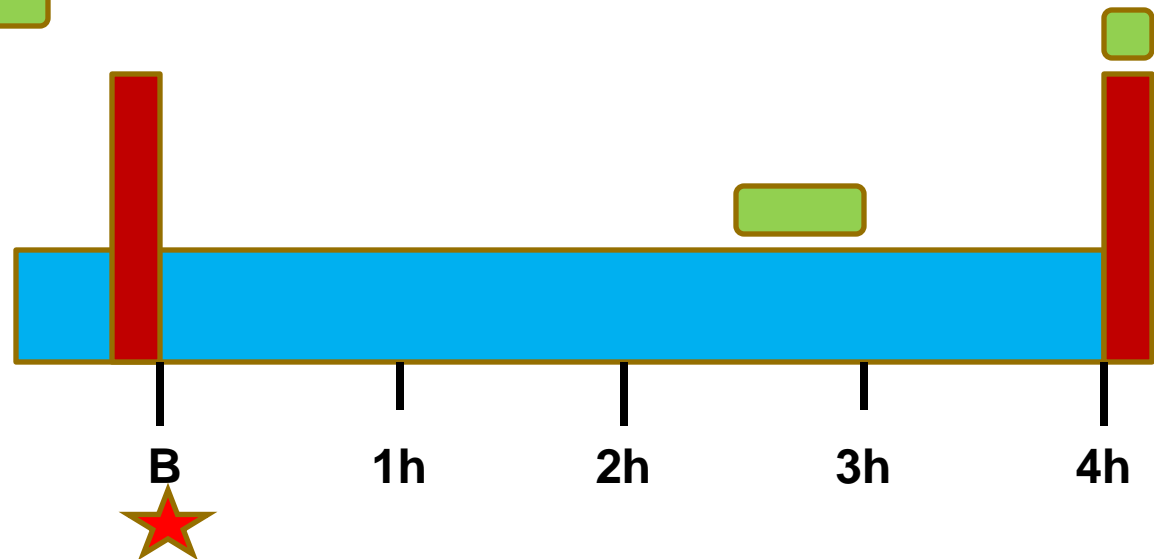
Psychometric Testing

- CogState seated 
- CogState standing
- PANAS
- VAS
- Mood
- Anxiety
- Fatigue

Study Days (2-5)

Randomized Order:

1. Modafinil 200mg + placebo
2. propranolol 20mg + placebo
3. Modafinil 200mg + propranolol 20mg
4. double placebo



Current Research Study: Modafinil and Cognitive Function in POTS

Investigators: Amy C. Arnold, PhD MSCI & Satish R Raj MS MSCI

For More Information Contact:

Amy Arnold, PhD or Bonnie Black, RN
Vanderbilt Autonomic Dysfunction Center
Email: adcresearch@vanderbilt.edu

Conclusions

- POTS Patients have problems with:
 - Sleep quality
 - Insomnia
 - Subjective Sleep Latency
 - Executive Function (some)
 - Selective Attention
 - No known effective treatments
 - ONGOING STUDY -> Please enroll
-

Questions?



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