Top 10 Non-Pharmacological Treatments for Dysautonomia

Prioritized by clinical impact and pathophysiological benefit

Rank	Treatment	Helps With	Helpful Notes for Health Clinicians
1	**Education**	Promotes self-management and adherence through understanding of triggers and physiology	Ensure patients understand the rationale behind each intervention; pair education with written plans and follow-up reinforcement
2	**Exercise and Movement**	Improves cardiac output, vascular tone, and muscle pump activity; reduces deconditioning and venous pooling	Use graded, recumbent protocols; tailor for comorbidities like EDS or ME/CFS; monitor HR goals in POTS; avoid wheelchairs unless absolutely necessary
3	**Fluids**	Expands plasma volume, increases preload, and reduces reflex tachycardia via volume buffering	Recommend 2–4L/day; space throughout the day; consider electrolyte solutions for patients with GI symptoms
4	**Salt Intake**	Enhances fluid retention and sympathetic vasoconstriction; supports cerebral autoregulation	Up to 10g/day as tolerated; avoid in CHF/CKD; can be paired with fludrocortisone in resistant cases
5	**Avoiding Heat**	Prevents peripheral vasodilation and exacerbation of orthostatic hypotension	Advise cool showers, no saunas/hot tubs, and temperature regulation techniques; morning is the highest risk period
6	**Compression Garments**	Supports venous return by reducing lower extremity	Use 30–40 mmHg waist-high stockings and step-in

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		and abdominal blood pooling	abdominal binders; remove during rest; helpful for travel or long standing
7	**Small, Frequent Meals**	Reduces postprandial splanchnic vasodilation that leads to hypotension and GI pooling	Avoid large meals, refined sugars, and high-fat content; consider low-residue or liquid diets in patients with GI symptoms or gastroparesis
8	**Countermaneuvers and Positioning**	Increases systemic vascular resistance and promotes venous return in real-time during symptomatic episodes	Teach isometric leg contractions, seated leg crossing, and head-of-bed elevation; empower patients with actionable tools for early symptom management
9	**Transcutaneous Vagal Nerve Stimulation**	Modulates autonomic tone by enhancing parasympathetic activity and reducing sympathetic overactivation	Consider for patients with fatigue, HR variability, or GI dysregulation; low side effect profile; emerging evidence supports use as an adjunct
10	**Vitamin and Nutrient Supplementation**	Corrects deficiencies that impair nervous system function (e.g., B12, D, B6); supports metabolic and neurological integrity	Monitor labs every 6–12 months; high-dose oral options may be sufficient; reserve parenteral nutrition for patients with severe malabsorption or failure of oral/enteral strategies