The Pediatric Committee of the American Autonomic Society

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In 2005, participants of the American Autonomic Society (AAS) meeting with a specific interest in pediatrics made initial attempts to organize a pediatric group within the AAS. One result of these initial discussions was the publication of a manuscript reviewing pediatric autonomic disorders [1].

The group continued collegial discussion at annual AAS meetings. By 2007, the group was a “pediatric task force”, and by 2009, the group included 13 individuals with representation from New York University, Case Western Reserve University, Mayo Clinic, Rosalind Franklin University, Baylor College of Medicine, New York Medical College, University of Nottingham, and Northwestern University. Informal collaborations of some group members led to the publication of an additional review manuscript [2].

In 2014, Dr. Christopher Gibbons, President of the AAS at that time, endorsed the formal creation of a Pediatric Committee within the AAS under the leadership of then-AAS Board Member Dr. Julian Stewart. In addition to Dr. Stewart, ten individuals joined that committee: Dr. Hasan Abdallah, Dr. Jeff Boris, Dr. Gisela Chelimsky, Dr. Tom Chelimsky, Dr. Phil Fischer, Dr. John Fortunato, Dr. Blair Grubb, Dr. Imad Jarjour, Dr. Marvin Medow, and Dr. Mohammed Numan.

The group has grown and expanded with gatherings at the annual AAS meetings as well as with annual pediatric group meetings (Milwaukee in 2016, Philadelphia in 2017, Washington, D.C., anticipated in 2018). The group is

multidisciplinary, with participants having varied perspectives: physicians, nurse practitioners, pediatrics, medicine, cardiology, neurology, psychology, physiology, pulmonology, and statistics.

The current Pediatrics Committee of the AAS formalized definitions of postural tachycardia syndrome (POTS) and related disorders as relevant to children and adolescents. A state-of-the-art review manuscript was recently published [3]. This article defines orthostatic intolerance as “having difficulty tolerating the upright posture because of symptoms that abate when returned to supine”. Chronic orthostatic intolerance suggests that the symptoms have been present for at least 3 months. POTS is defined as daily symptoms of chronic orthostatic intolerance combined with sustained, excessive (an increase of more than 40 beats per minute) upright tachycardia in the absence of orthostatic hypotension. Related conditions, diagnostic testing, and management (both pharmacologic and non-pharmacologic) are discussed in the same manuscript [3]. The manuscript also defines initial orthostatic hypotension [4].

The Pediatric Committee of the AAS is fostering collaborative research. Ongoing projects include, among others, the evaluation of the reliability of active standing vs. tilt-table test in adolescents; and the development of a structured questionnaire that would help in diagnosis of disorders of orthostatic tolerance, particularly POTS, and capture data on co-morbid conditions; the creation of a standardized multi-center registry of pediatric patients with POTS; and the definition of preferred terminology for functional/psychosomatic/psychogenic events.

As collaborative clinical, educational, and investigative projects continue, we encourage our colleagues worldwide with interest in pediatric autonomic disorders to join us in our efforts to advance the field of pediatric autonomic medicine. Those potentially interested in joining the Pediatric Committee of the AAS should contact the Committee Chair, Dr. Gisela Chelimsky.

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Compliance with ethical standards

Conflict of interest None .

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