

MCAS-POTS-hEDS Overlap Quick Reference

How these three conditions interact and what usually helps most

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Symptom Overlap at a Glance

Symptom	MCAS	POTS	hEDS	Most Likely Driver
Flushing / hives / itching	✓✓✓	–	–	MCAS
Dizziness on standing	✓	✓✓✓	✓✓	POTS / hEDS
Joint hypermobility / dislocations	–	–	✓✓✓	hEDS
GI issues (IBS-like)	✓✓✓	✓	✓✓	MCAS + hEDS
Brain fog / fatigue	✓✓	✓✓	✓	All three
Anaphylactoid reactions	✓✓✓	–	–	MCAS

Co-Management Priorities

1. **Stabilize mast cells first** – Uncontrolled MCAS makes everything else worse (POTS ← [Back to The Overlap Hub](#) in amplification).

2. **Support blood volume & vascular tone** – Compression garments, high salt + fluids (3–4 L/day), recumbent exercise, midodrine if needed.

3. **Protect joints & connective tissue** – Physical therapy (not aggressive stretching), bracing, low-impact strength training.

4. **Address root triggers** – Mold/toxins, infections, gut dysbiosis – MCAS rarely exists in isolation.

5. **Coordinate care** – Ideally one doctor who understands all three (or a team: allergist/immunologist + dysautonomia specialist + EDS-aware PT).

Quick Tips from the Community

- MCAS flares often precede POTS crashes – treat mast cells aggressively during bad days.
- hEDS patients often need 2–3× the normal salt intake to help POTS.
- Avoid high-impact exercise – swimming, recumbent bike, Pilates best.
- Many improve dramatically after mold remediation – even if MCAS was "primary" diagnosis.