Disorders of the ANS may result from pathology of either the CNS or the peripheral nervous system (PNS) **(Table 440-2)**. Signs and symptoms may result from interruption of the afferent limb, CNS processing centers, or efferent limb of reflex arcs controlling autonomic responses. For example, a lesion of the medulla produced by a posterior fossa tumor can impair BP responses to postural changes and result in orthostatic hypotension (OH). OH can also be caused by lesions of the afferent limb of the baroreflex arc (e.g., radiation or congenital disease), spinal cord, or peripheral vasomotor nerve fibers (e.g., diabetic and other neuropathies). Lesions of the efferent limb cause the most consistent and severe OH. The site of reflex interruption is usually established by the clinical context in which the dysautonomia arises, combined with judicious use of ANS testing and neuroimaging studies. The presence or absence of CNS signs, association with sensory or motor polyneuropathy, medical illnesses, medication use, and family history are important considerations. Some syndromes do not fit easily into any classification scheme.

TABLE 440-2 Classification of Clinical Autonomic Disorders