Hypermobile spectrum disorder.

Three components:

Hypermobility

20% of people with high probability have no problems and are often good at sport or ballet. Trigger can tip into hypermobile disorder. The hypermobility is known as Ehlers Danlos disease and a disorder of abnormal collagen with 13 subtypes. May be less obvious as gets older (Ask how were as a child?)

Often Marfinoid, bruise, muscle pain, chronic painful conditions, prolapse including heart valve and proprioception issues. Can be autonomic dysfunction, including heat sensitivity, anxiety and phobias including easy startling. Can be more sensitive to drug side-effects.

Headache can be low-pressure (spontaneous leak), Chiari, Cervicogenic (cervical instability. Need erect MRI), or migraine (possibly cervically induced).

Often associated with:

Postural orthostatic tachycardia syndrome (POTS).

Lying pulse to standing increases by 30/min. Feels faint but BP remains constant. High baseline pulse rate, although symptoms can fluctuate. This is an autonomic dysfunction. Feel awful upright, with exertion, food, warm. Can be disabled but look well.

Mast cell activation syndrome.

Histamine release. Headache, GI symptoms, rainfall, anxiety, can get anaphylaxis. Marked response through insect bites and limited dermatographia.

Resources.

https://www.rcgp.org.uk/clinical-and-research/resources/toolkits/ehlers-danlos-syndromes-toolkit.aspx
https://www.potsuk.org/ If you want more info on POTS.
https://www.mastcellaction.org/about-mcas For info on MCAS
https://www.ehlers-danlos.org/ The EDS Society