


## Comparison of Physiological Markers: Sympathetic, Dorsal Vagal, and Ventral Vagal States

Autonomic State	Key Physiological Markers	Measurement Methods / Indices	Functional/Clinical Notes	Citations
<b>Sympathetic</b>	<ul style="list-style-type: none"> <li>- Increased heart rate (HR) &lt;br&gt; - Increased blood pressure (BP) &lt;br&gt; - Reduced heart rate variability (HRV) &lt;br&gt; - Increased low-frequency (LF) HRV (but not specific) &lt;br&gt; - Increased muscle sympathetic nerve activity (MSNA) &lt;br&gt; - Increased electrodermal activity (EDA) &lt;br&gt; - Increased plasma norepinephrine</li> </ul>	<ul style="list-style-type: none"> <li>- Direct MSNA (microneurography) &lt;br&gt; - EDA (skin conductance) &lt;br&gt; - LF HRV (limited specificity) &lt;br&gt; - Plasma norepinephrine</li> </ul>	<ul style="list-style-type: none"> <li>- LF HRV is not a reliable marker of pure sympathetic activity &lt;br&gt; - EDA and MSNA are more specific &lt;br&gt; - Sympathetic activation is associated with stress, arousal, and "fight or flight" responses</li> </ul>	(Thomas et al., 2019; Furlan et al., 1990; Ghiasi et al., 2020; Valenza et al., 2018; Tobaldini et al., 2020; Ernst, 2017; Grassi et al., 2018; Malliani et al., 1991; Nardelli et al., 2023; Eckberg et al., 1985; Porter et al., 1990; Spiesshoefer et al., 2022)
<b>Dorsal Vagal</b>	<ul style="list-style-type: none"> <li>- Bradycardia (slowed HR) &lt;br&gt; - Hypotension &lt;br&gt; - Reduced HRV &lt;br&gt; - Vasovagal syncope &lt;br&gt; - Reduced metabolic activity &lt;br&gt; - Fainting, immobilization</li> </ul>	<ul style="list-style-type: none"> <li>- HRV (reduced overall) &lt;br&gt; - Clinical observation (e.g., syncope) &lt;br&gt; - Baroreflex sensitivity</li> </ul>	<ul style="list-style-type: none"> <li>- Dorsal vagal activation is associated with "shutdown" or immobilization responses &lt;br&gt; - Difficult to isolate with noninvasive markers; often inferred from clinical context</li> </ul>	(Ghiasi et al., 2020; Wu et al., 2021; Machhada et al., 2015; Korsak et al., 2023; Machhada et al., 2017; Moreira et al., 2018; Coote, 2013)
<b>Ventral Vagal</b>	<ul style="list-style-type: none"> <li>- Increased high-frequency (HF) HRV &lt;br&gt; - Increased root mean square of successive differences (RMSSD) &lt;br&gt; - Respiratory sinus arrhythmia (RSA) &lt;br&gt; - Calm, steady HR &lt;br&gt; - Social engagement behaviors</li> </ul>	<ul style="list-style-type: none"> <li>- HF HRV (0.15–0.4 Hz) &lt;br&gt; - RMSSD &lt;br&gt; - RSA &lt;br&gt; - Direct vagal nerve recordings (rare)</li> </ul>	<ul style="list-style-type: none"> <li>- Ventral vagal activation supports social engagement, calm states, and flexible emotional regulation &lt;br&gt; - RMSSD and HF HRV are reliable noninvasive markers of ventral vagal tone</li> </ul>	(Thomas et al., 2019; Furlan et al., 1990; Ghiasi et al., 2020; Valenza et al., 2018; Cooper et al., 2015; Matuz et al., 2021; Ernst, 2017; Papadopoulos et al., 2024; Hornung et al., 2024; Valenza et al., 2019; Machhada et al., 2017; Park al., 2022; Kirby et 

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				al., 2017; Laborde et al., 2017; Movius & Allen, 2005)

FIGURE 1 Comparison of physiological markers for sympathetic, dorsal vagal, and ventral vagal states.

### Key Takeaways:

- **Sympathetic activity** is best measured by direct MSNA and EDA; LF HRV is not specific.
- **Dorsal vagal state** is challenging to measure directly; clinical signs and reduced HRV are suggestive.
- **Ventral vagal activity** is reliably indexed by HF HRV, RMSSD, and RSA, reflecting calm and social engagement.

For clinical and research purposes, combining multiple physiological markers and considering context is essential for accurate autonomic state assessment (Thomas et al., 2019; Furlan et al., 1990; Ghiasi et al., 2020; Valenza et al., 2018; Ernst, 2017; Nardelli et al., 2023; Machhada et al., 2017; Park et al., 2022; Kirby et al., 2017; Laborde et al., 2017; Movius & Allen, 2005).

*These papers were sourced and synthesized using Consensus, an AI-powered search engine for research. Try it at <https://consensus.app>*

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