

Syncope: “Myths and Reality”

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History

	1	2	3	4	5	6
Gender	male	male	male	female	female	female
Age	75	27	34	27	49	25
Activity	walking	driving	walking	sitting	exercising	resting
Injury	no	no	no	no	laceration	no
Afterwards	fine	sleepy	fine	fine	fine	fine



Myths

- ❑ Hyperventilating or a low blood sugar is a common cause of syncope



Myths

☐ Older people who faint need a pacemaker



Myths

☐ People can faint for half an hour or more



Myths

- ☐ I can trust the automated electronic QT measurement



Myths

- ❑ Psychological factors have nothing to do with my child's faints



Reality

 Syncope is common



Reality

- ❑ Syncope is often managed poorly



Reality

- ❑ Quite different causes can present the same



Reality

- ❑ Frequent syncope should ring alarm bells



Reality

- ❑ Sometimes we don't know the diagnosis



History 1

- ❑ 75 yr old man standing in his kitchen, felt dizzy with blurred vision, sat down on the floor and briefly became unconscious. Felt fine afterwards except for a bump on the back of his head. Estimates prodromal symptoms lasted 10-15 seconds.
- ❑ One month later walking home sudden dizziness, sat down, brief loss of consciousness. No nausea or sweating. Prodrome shorter 5-10 seconds.
- ❑ Hypertension 15 yrs otherwise well.





History 2

- ❑ 34 yr old male
- ❑ Rose feeling well, ate breakfast and showered
- ❑ Coming into his bathroom had some blurred vision
- ❑ Felt dizzy then crashed through he shower door
- ❑ Total duration warning symptoms 10-15 seconds.



Reality

- ❑ Quite different causes can present the same



History 1

- ❑ Estimates prodromal symptoms lasted 10-15 seconds.

History 2

- ❑ Total duration warning symptoms 10-15 seconds.



History 3

- ❑ 27 yr old female lying in bed in London flat. Hears the postie pop a letter through the door slit and jumps out of bed. Collapses and is incontinent of urine. Partner finds her dazed.
- ❑ Worked up in a London Hospital, nothing found, reassured and discharged.
- ❑ Further episode at night 9 yrs later, again nothing found.



History 4

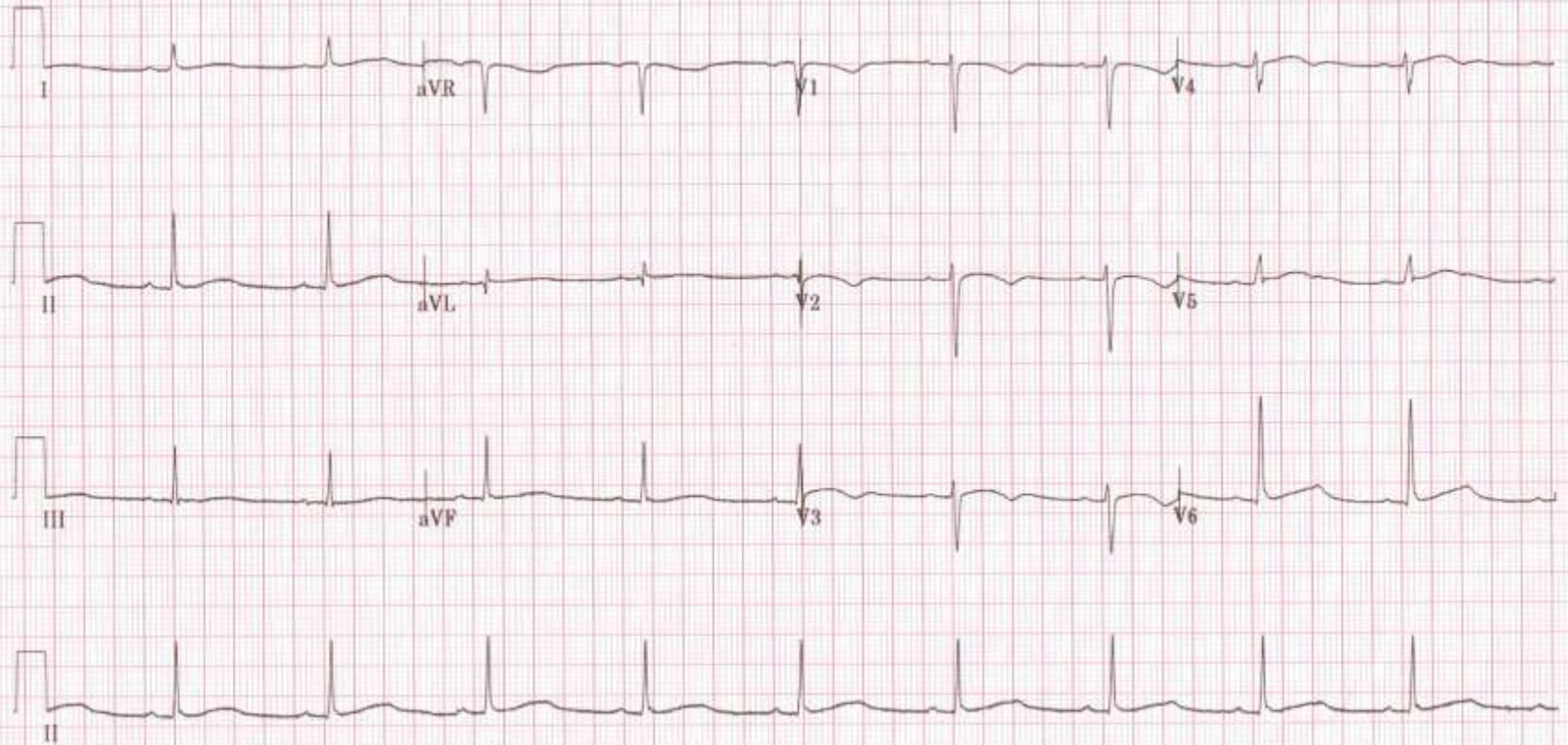
- ❑ 25 yr old female flying to the USA, stressed with last minute preparation to catch the flight, okay on board. Has a meal, watches a movie, cabin feels hot and stuffy. Starts to feel very unwell as though she might vomit, tapped her companion on the shoulder to say she might be sick and leaning forward to retch eyes roll up and slumps in the seat. Hostesses put her legs up and give her a cold towel.
- ❑ Fit and healthy, previous faints.



Unconfirmed

Clinic: cardiol

Comments:



150 Hz 25.0 mm/s 10.0 mm/mV

4 by 2.5s + 1 rhythm ld

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Reality

- ❑ Syncope is often managed poorly



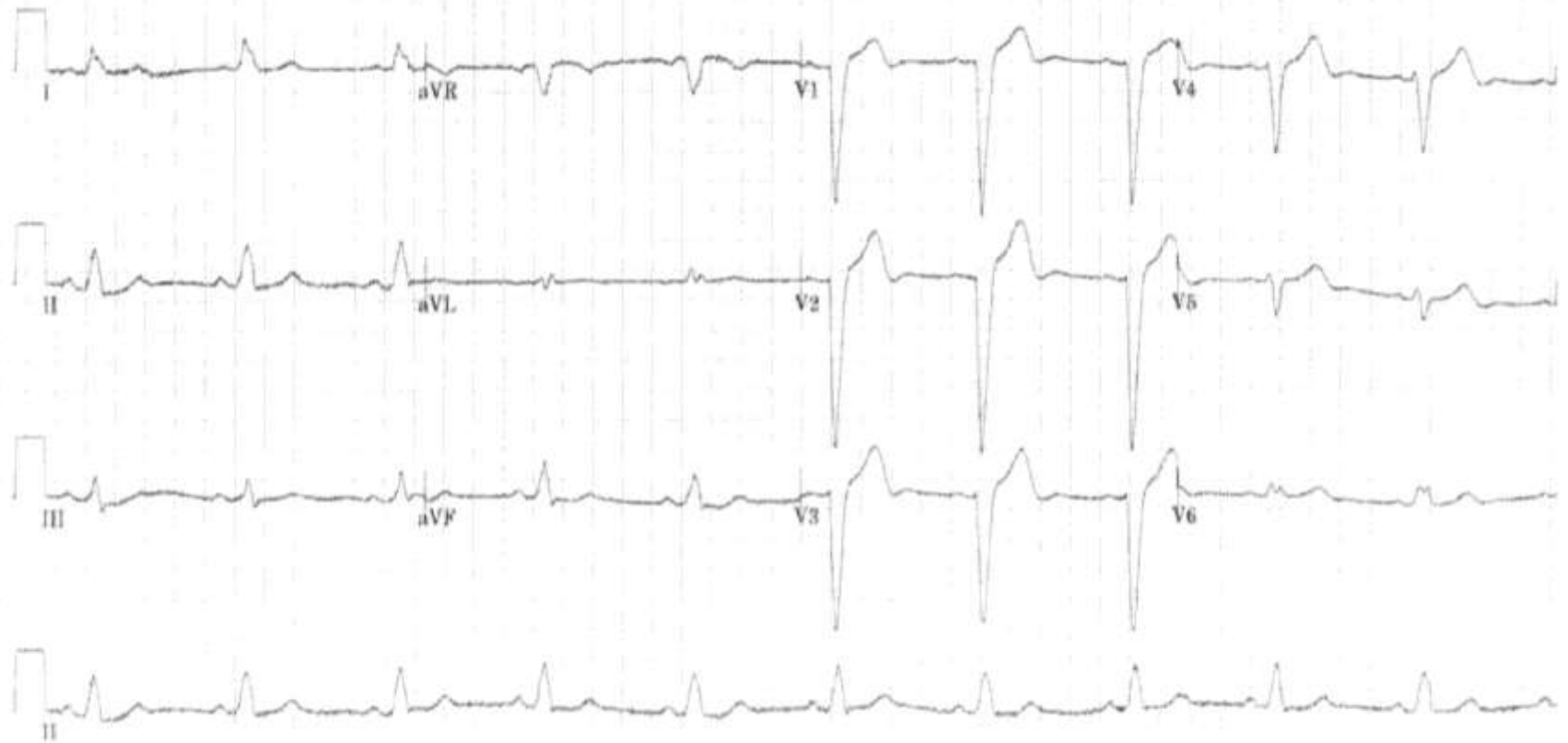
History 5

- ❑ 47 yr old female running on the cross trainer. After 20 minutes has a fluttery feeling and light headedness, falls backwards hitting her head and small skin laceration.
- ❑ Previous similar episodes over the past 4 months.



Ward/Dept: WARD 31

Comments:



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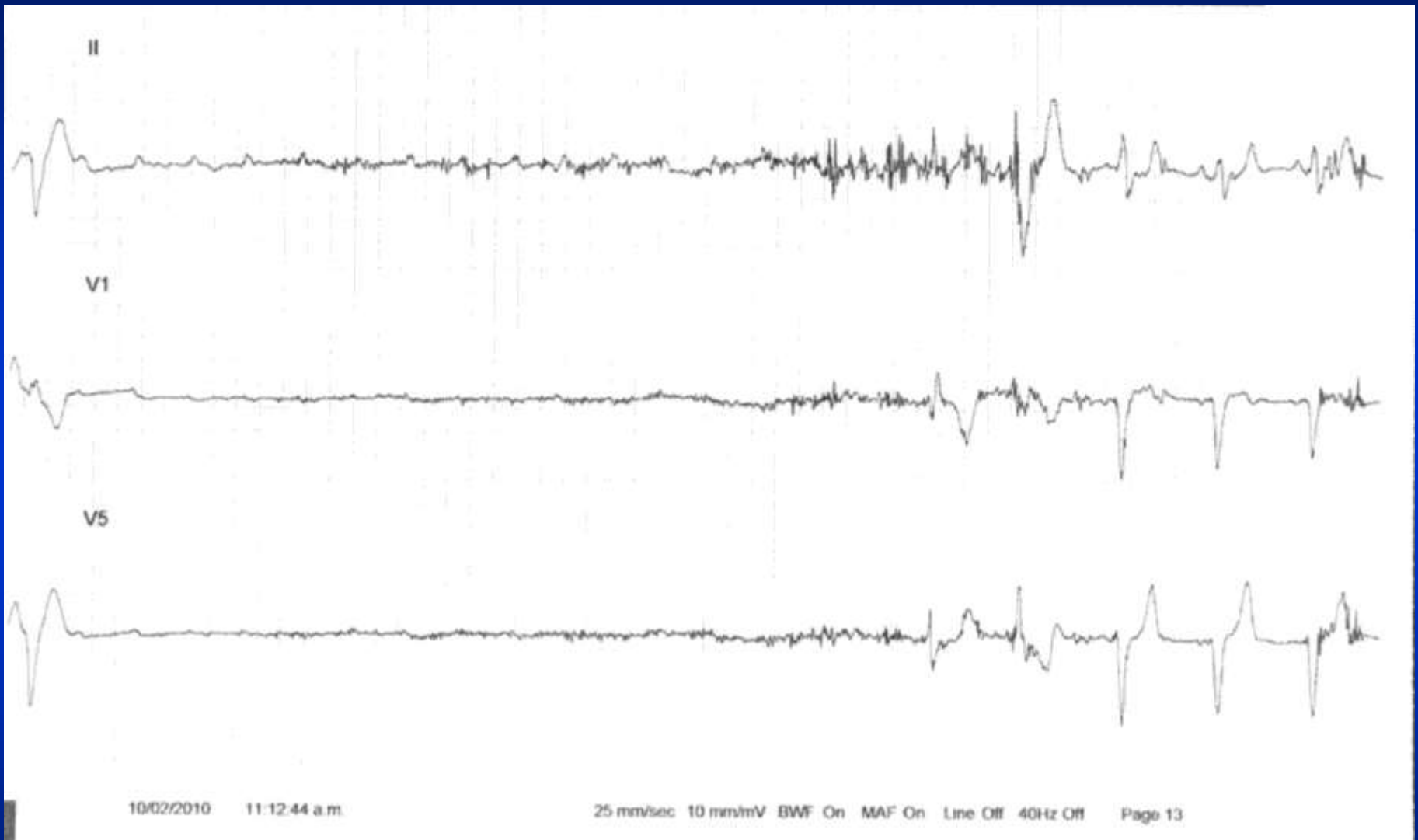
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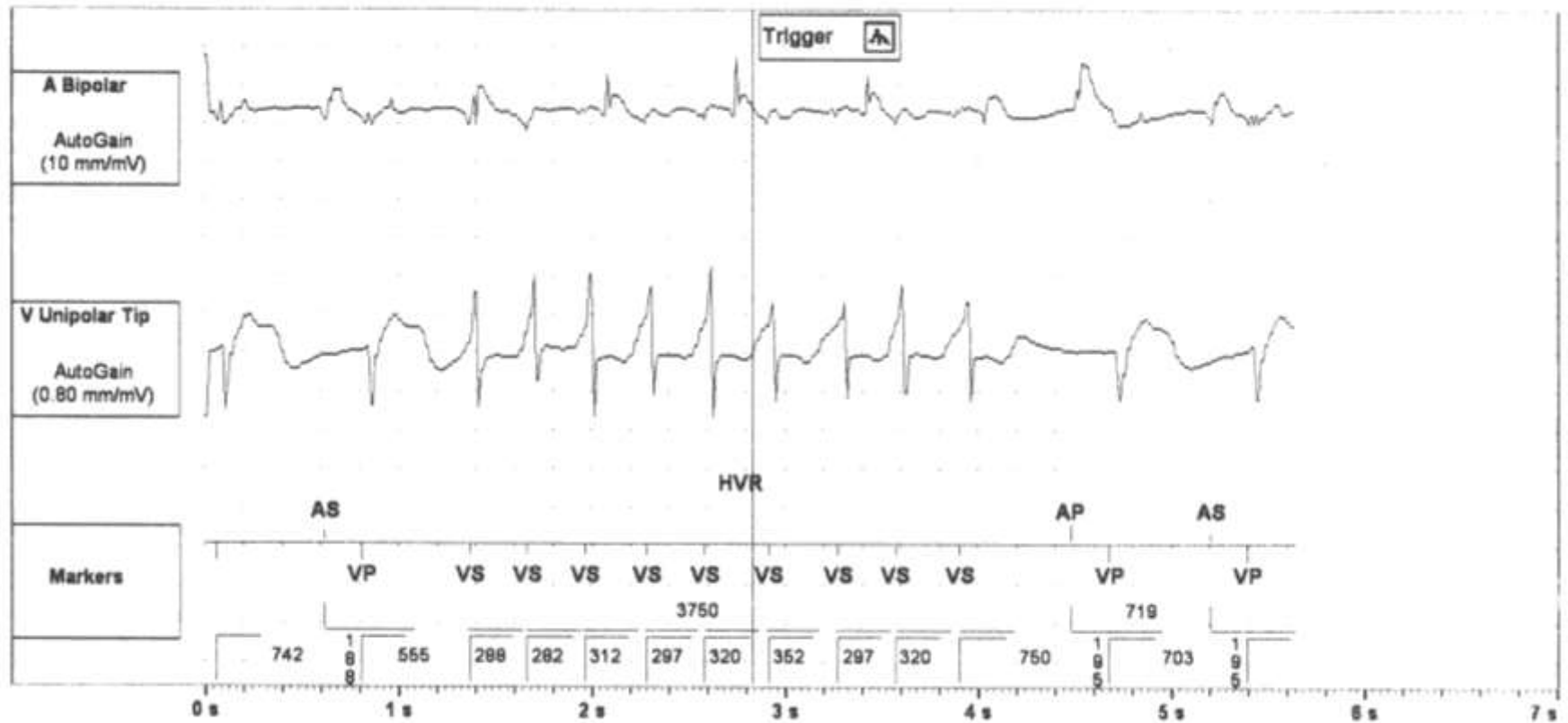
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Reality

- ❑ Sometimes we don't know the diagnosis





History 6

- ❑ 27 yr old computer geek. Felt tired on a Sunday evening, went to the supermarket, came home and had dinner, started to feel really tired. Nonetheless resolved to drive his girlfriend home to her parents. Difficulty focussing while driving and began drifting into the wrong lanes. Complained of tunnel vision and slowed down to 70 Km/hr on the motorway. Wobbled walking to the parents house and went upstairs and fell instantly asleep. Woke up after 15 mins, got up but collapsed and went back to sleep until the next morning. Girlfriend noted he looked pale and clammy.



Myths

- ❑ Psychological factors have nothing to do with my child's faints



Practical steps for Practice Nurses

1. Make the patient safe

- Always lie the patient flat, roll into the recovery position
- Feel for a pulse – may be absent or very weak in vaso-vagal syncope
- Get an eye witness account of what happened

2. Ask some key questions

- has this happened before
- Was there any incontinence
- was syncope triggered by exercise or emotion
- was the patient pale
- is there any family history of premature death

3. Record an ECG if practicable



One take-home message

- ❑ unconsciousness lasting more than 5 minutes is not simple vaso-vagal syncope



Question

A 16 yr old female accompanied by her boyfriend, is waiting to collect a script for her oral contraceptive. They are arguing and then she abruptly collapses. She thrashes about on the floor and then is completely unresponsive to voice, although she is breathing, you can feel a strong pulse and she has not wet herself. Her colour is normal. You check her supine blood pressure and find it 120/80mmHg and via defib paddles observe apparently normal sinus rhythm. Her mother is very anxious and says this is an increasingly frequent occurrence and sometimes her daughter is unconscious for more than half an hour. A&E have labelled her hyperventilation syndrome. She remains unresponsive when an ambulance arrives and cannot walk unaided into the vehicle.



Which of the following statements are correct?

1. This is most likely a vaso-vagal episode and mother should be reassured.
2. The long duration of syncope suggests sustained cerebral hypoperfusion
3. A psychologist's assessment will be important in managing this patient.
4. A tilt table test will be the most important investigation.





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