

6 MYTHS ABOUT Syncope (Fainting)



Syncope is a condition

No! Syncope is a symptom, not a condition. Any unexplained loss of consciousness should be investigated with a careful history, clinical examination and a 12-lead ECG (heart rhythm recording) to make a diagnosis and to rule out any underlying heart rhythm disorder (arrhythmia).



Most 'blackouts' are due to epilepsy

No! Many syncopal episodes are mistaken for epilepsy as elements of syncope, such as random jerking of the limbs, are similar to those experienced during an epileptic seizure. Epilepsy affects less than 1% of the population, whereas up to 50% of the population will experience a syncopal episode (faint) at some stage during their lives.



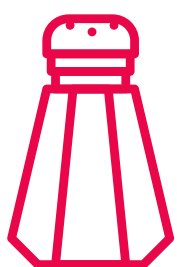
Syncope is the main cause of unexplained falls in the elderly

No! There are other causes of falls in the elderly which should be considered. Deteriorating eyesight, loss of balance, and arthritis can be contributory factors. Falls should be assessed formally and all factors considered.



I faint with extreme pain, so I cannot consider trying for a baby

No! There is no evidence to suggest that suffering with syncope will harm you or your unborn baby during pregnancy. Syncope should not be a deterrent when considering pregnancy. There is no evidence that syncope increases the likelihood of a miscarriage or complications.



We must avoid eating too much salt - this is always bad for your health

No! This may be true for those with high blood pressure. However, for individuals struggling with syncope as a result of low blood pressure, a doctor is likely to advise increasing one's intake of salt and water in order to increase blood volume and raise blood pressure to reduce the risk of fainting.



Syncope is just a simple faint!

The majority of fainting episodes do not last long and are not life threatening. However, occasionally they are the only symptom of an underlying potentially fatal arrhythmia (heart rhythm disorder) leading to sudden cardiac death – hence why all faints should be assessed with a clinical history and examination, a 12-lead ECG. If the ECG is abnormal or there are clinical risk features to suggest a high-risk diagnosis, then it is appropriate for patients to be referred to a cardiologist with an interest in heart rhythm abnormalities.

