

# Living with... Syncope and Reflex Anoxic Seizures (RAS)

## Frequently Asked Questions

### Dr P Boon Lim

#### What is Syncope?

Syncope is a temporary loss of blood flow to the brain. Around 80% of patients with syncopal symptoms are diagnosed with Vasovagal Syncope (VVS). It is important to distinguish between Syncope which is benign and Syncope red flags indicating a potentially life-threatening condition.

History is a key pointer; what happened preceding the episode of losing consciousness; how the patient felt immediately before the incident.



#### What is the patient's journey after they have presented with the symptoms to the GP?

An assessment for Syncope will encompass history taking, a clinical examination, including lying and standing blood pressure checks and a 12-lead ECG.

#### Why is history an important aspect of Syncope?

GPs are limited in the time they have for each patient and, in that time, they need details of, and circumstances surrounding the loss of

consciousness to identify whether it is a 'red flag', necessitating immediate referral or a 'green flag' that indicates no immediate concern.

#### What are the 'red flag' symptoms? What happens next?

Any form of Syncope with no warning at all before losing consciousness is a 'red flag' and must be highlighted to a doctor, whether your GP or at A&E.

A second 'red flag' is losing consciousness during exercise. Perhaps in the gym during peak exercise or on the treadmill. Again, with no warning.

A third 'red flag' is when you have rapid palpitations preceding losing consciousness. For this you need to urgently see your GP or immediately head to A&E.

If a 'red flag' symptom is identified, the GP will refer you urgently to a cardiology team for an echocardiogram, a 24-hour holter monitor to detect your continuous heart rate and more sophisticated tests if necessary.

#### What is the advice for 'green flag' symptoms?

If a syncopal episode is identified as 'green flag' or benign, then you may be reassured and advised to increase fluid intake, avoid standing for long periods, consider compression stockings and avoid triggers like excessive alcohol and large meals.

## How to help your GP with a diagnosis

Downloading the [STARS Blackout Checklist](#) will help you and your doctor reach the correct diagnosis following an unexplained loss of consciousness. The checklist includes a description of symptoms you should be aware of, including nausea, dizziness, heat, feeling hot and cold prior to an episode occurring.

## What are the treatment options following the referral?

Treatment options depend on diagnosis and if it is VVS (Vasovagal Syncope), which is considered a benign diagnosis, then there are tips and advice on the STARS website and in the [Reflex Syncope booklet](#). However, if you collapse, which is a 'red flag', then your cardiologist will treat you following appropriate diagnostics, depending on the cause.

## Do you have any advice to add to this?

My best advice is do not live in fear of fainting (Syncope). Fainting with all it causes at the time is a scary experience, but with knowledge and education, and in some cases treatment with medication or an ablation, you are empowered. If you faint after having too much fun, or too much to drink, you will understand the reason why!

So, in a nutshell living with Syncope is possible, as long as you understand it, recognize your triggers and how to avoid them and do not allow yourself to fear it.

## Is RAS or Syncope life threatening?

I come back to the 'red flags' and if you have Syncope without warning, or Syncope with injury because your warning symptoms are so short,

such as during exercise, or with preceding palpitations, these are the types of syncope that can potentially be life-threatening. If you have any of these 'red flag' symptoms, you should see a doctor urgently.

If you are experiencing the more benign forms of Syncope, the crowded restaurant, the crowded tube, waking up in the middle of the night feeling dizzy, standing up for too long, or feeling dizzy on a hot day, then the likelihood is that you will continue to live a long and healthy life, with Syncope being a slight annoyance whenever you forget to take conservative strategies and precautions. **It does not shorten your life and it will not lead to a decreased life expectancy.**

## Is there any sort of advice you could give to parents on how to manage children's symptoms?

I assume that the symptoms we are talking about are Reflex Anoxic Seizures (RAS) which means that the child had an episode of Syncope that has been diagnosed very clearly as being due to the heart stopping. Typically, you would see a paediatric cardiologist. An ECG would be done to rule out any underlying heart condition and sometimes a holter monitor may be fitted to monitor an episode. Triggers can vary from sudden and unexpected pain, like falling over, to sickening for an illness.

The good news is that episodes of RAS can become less frequent as the child grows up. They can sometimes return during puberty. A blood test or sight of blood is a common trigger. Keeping well hydrated is important as dehydration is a common trigger in teenagers.

If a child/teenager has an episode, place them in the recovery position. Do not lift the child too soon after the event because this may cause the blood pressure to drop again, which could provoke another RAS attack.



[Reflex Anoxic Seizures \(RAS\) patient booklet](#) contains excellent advice on how to manage a child who experiences RAS.

**My understanding is that many families are asking about day-to-day activities, such as going on holiday, driving, flying and also children going off to their first year in school, or older children going off to University. Is there anything you can talk me through regarding these life situations and how to manage them?**

Let me take driving first. Now the DVLA have very strict rules and ultimately, it is not me or your Syncope doctor who decides whether you can or cannot drive. It is the DVLA medical advisor who makes the decision and may consider letters from your GP or consultant when planning to allow you to drive. With VVS, if you have had an episode whilst standing for some time, for example, then generally you

would be allowed to drive. If you had pre-syncope symptoms prior to fainting that would enable you to stop the car, then it is likely you could drive.

However, if you have one of those three 'red flag' situations referred to in an earlier question, - Syncope without any warning, Syncope with rapid palpitations, or Syncope whilst exercising then it could be that those events, particularly the no warning Syncope, could occur even while driving. If that were the case then driving would not be advised.

Flying is a lot easier, unless you are the pilot when the Civil Aviation Authority rules are very strict. Travelling as a passenger, the plane cabin is a very dehydrating environment; the temptation on a flight is to take the alcohol which is dehydrating when they serve you a meal. The likelihood is that you would say yes and this may trigger a syncopal episode due to dehydration.

My advice would be to copiously hydrate, even if that means regular trips to the toilet! Wearing some flight stockings will help prevent the blood from pooling in your ankles. After a very long flight, your ankles will be quite puffy and that is just fluid that has built up because you have been sitting and not really exercising your muscles. Exercise your lower limbs, by turning your ankles around and up and down. Flex your calf muscles and jiggle around in your seat, using your glutes to bounce up and down; this will help keep your blood flowing. Your lower limbs and your calves are said to be your second heart, your second pump, so keep them pumping during the flight!

Holidays! If you are abroad, you may well be dehydrated from the heat and from the sun and the wind on the beach. More reason you should be drinking water and keeping cool to avoid fainting through dehydration.



Be mindful about your body adjusting to the new time zone, lack of sleep, perhaps an early morning flight, dehydration and tiredness can increase your susceptibility for having an episode of Syncope when you arrive at your destination.



### How do I prepare my teenager who struggles with Syncope for life at university?

Well, you cannot and part of my advice to parents is let go like Elsa said to Anna when she was building the ice castle {in Frozen} "let it go". Your children should be empowered to understand what Syncope is. It is not your responsibility as a parent and, to a certain extent, your children need to understand and learn for themselves how to cope with these episodes. The best support you can give your children is an education on what VVS is, what their triggers are, and what to expect when they 'misbehave' as they will do on their first ever pub crawl without parents watching over them. Newfound friends and newfound freedom are part of life as a student and you do not want them hampered or shackled by telling them not to do this, not to do that. They need to experience the impact on their symptoms, having been empowered by you with gentle warnings as to the consequences

of drinking and playing all night when struggling with low blood pressure, forgetting to eat, and not drinking sufficient water and salt intake. Syncope will be lurking round the corner!

When your child feels faint or faints, at least they will understand why it has happened. The empowering education that you can give your children is the most useful thing you can do, rather than just telling them to take their medication without them understanding why, making them have salt with their food, and drink 2 litres of water a day without them appreciating why. You do not want resistance from your children; you want them to take control of their condition and their life!



To view our patient resources, scan the QR code below:



**Acknowledgments:** STARS would like to thank all those who helped in the development and review of this publication. In particular, thanks are given to Dr Boon Lim.