What is Syncope?

Can Syncope be misdiagnosed? I.e. Epilepsy

How can I identify what triggers Syncope in my case?

What should I do if I feel dizzy or faint?

What can my family or friends do if I faint?

Can I work (can my child attend school) whilst waiting to see an electrophysiologist/ cardiologist (heart rhythm specialist)?

Is there anything I can do to help manage or reduce these episodes?

Do I need to change my diet?

Can I participate in sport or exercise activities?

Can I still drive whilst waiting to see a specialist?

What is the likelihood a diagnostic test will deliver a definitive result?

What are my treatment options?

What is a Tilt Table Test?

Who do I contact for advice, information, or support for Syncope?

Questions to **Ask Your Doctor:**



Want to know more?

If you have any questions, would like further advice or information, please contact our Patient Services Team

Email:

info@stars-us.org

or visit:

www.stars-us.org

For more information on our online and in-person Patient Educational Events, please scan the QR Code



Approximately

1-2% **of visits to the ER** are **due to syncope.**

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FOR PATIENTS & CAREGIVERS

Take Fainting to Heart

There is no such thing as a simple faint



Syncope

This guide is to help you and your doctor reach the correct diagnosis for any unexplained loss of consciousness

Discussion Guide

What is Syncope?

Syncope (fainting) is a symptom not a condition. It is a medical term for unexplained loss of consciousness that is caused by a sudden lack of blood supply to the brain. If someone loses consciousness for a few seconds or even minutes, they are often said to have had a 'blackout'.

Reflex Syncope
Is caused by a transient disturbance of the mechanisms that maintain blood pressure and blood flow to the brain, which can result in a faint.

Reflex Anoxic Seizures (RAS)
Can be caused by unexpected stimulus, such as pain, fright or shock which can cause the heart and breathing to stop suddenly.

Psychogenic blackouts
Are an involuntary reaction of the brain to pressure or distress. They are often related to stressful, unpleasant, or upsetting thoughts, feelings, and situations.

Postural tachycardia syndrome (PoTS)
Is an abnormal response by the autonomic (involuntary) nervous system when changing to an upright position/posture with a persistent increase in heart rate when standing upright.

Common symptoms of Syncope



- Sudden or unexplained loss of consciousness
- Blurred or changes to vision
- Dizziness or light-headedness
- Brain fog
- Pale complexion
- Sweating
- Palpitations
- Nausea
- Change in hearing
- Confusion/lethargic

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An estimated
50%
of the population will **faint at least once** in their lifetime.



How is Syncope diagnosed?

Most will be unaware that fainting could be an early warning sign for a potentially serious and life-threatening heart rhythm condition and must be assessed by a heart rhythm specialist (electrophysiologist).

A good description from a witness of an episode and an indication of a possible trigger.

In older adults many may experience falls and will not realise they have in fact fainted or 'blacked out' causing them to 'fall'. Greater awareness of Syncope as a cause of falls is key to effective treatment and prevention of recurring falls.

Accurate and timely diagnosis following an unexplained loss of consciousness is vital to identify potentially fatal underlying conditions and to prevent a dramatic reduction in a person's quality of life.

Many people who suffer sudden cardiac death had no symptoms other than a history of fainting.

It is recommended that every person presenting with an unexplained loss of consciousness should be given a 12-lead EKG and be seen by an electrophysiologist (heart rhythm specialist) to rule out any underlying, and potentially fatal conditions.

Other diagnostic tests may also be offered:

- 12-lead EKG
- Heart rhythm monitor (24 hours – 2+ weeks)
- Tilt table test
- Active stand test
- Blood tests
- Insertable cardiac monitor (ICM)

What are the Treatment Options?

Upon diagnosis, your doctor will discuss a treatment plan. This may include:

- Lifestyle management
- Increase salt intake
- Exercise
- Compression tights
- Medications
- Pacemaker
- Psychological therapy
- Iron supplement

What happens next?

Many individuals may experience pre-syncope (early warning) to indicate the onset of a syncopal episode. This can help individuals to prepare and take action to help themselves:

- Sit down or lie down immediately (if able to)
- If driving, stop and pull over to a safe place
- Squeeze/clenching exercises with your fists, tummy, buttocks and legs
- Raise your heels and squeeze your calf muscles

What can I do to help myself?

- Avoid sitting or standing for prolonged periods
- Avoid sudden changes in posture
- Pre-empt possible situations that could cause undue stress or trigger an episode. Keep well hydrated (drink lots of water)
- Follow a healthy well balanced diet
- Maintain physical activity as safely as possible

Important family history questions to consider?

- Is there a history of loss of consciousness in your family?
- Is there a family history of epilepsy?
- Has any of your relatives suffered a sudden cardiac death (SCD) and at what age?
  You should make your doctor aware if the answer is 'yes'?