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Reflex Syncope (Neurally mediated syncope/vasovagal syncope)

This information sheet is designed for patients who have been diagnosed with Reflex Syncope. It contains information on the diagnosis, treatment and management of reflex syncope.

What is Reflex Syncope?

SYNCOPE (sin-co-pee) is a medical term for a sudden but transient loss of consciousness that is caused by a sudden lack of blood supply to the brain. Reflex Syncope is the most common cause of transient loss of consciousness. Sometimes called neurally mediated syncope, or vasovagal syncope (VVS), it is a transient condition resulting from intermittent dysfunction of the autonomic nervous system, which regulates blood pressure and heart rate.

Autonomic sympathetic nerves that constrict blood vessels and maintain blood pressure, in Reflex Syncope these nerves withdraw their support, and blood pressure falls. The vagus nerve which directly controls heart rate, can increase activity and cause the heart rate to fall. This is known as (bradycardia).

Both blood pressure and heart rate, (sometimes one and sometimes both at the same time) can fall to very low levels. This reduces blood supply, oxygen and essential nutrients to the brain and other vital organs. This can cause dizziness, or presyncope visual disturbances and blackouts. These symptoms are most likely to be a problem when upright (due to gravity further lowering blood pressure), but other factors such as food, heat, exercise, sight of blood, and emotional stress can trigger it.

A blackout is too often assumed to be due to epilepsy. If you have any doubt, then please look

at the STARS Blackouts Checklist which was written specifically to help doctors and patients reach the correct diagnosis for an unexplained loss of consciousness.

Depending on age, Reflex Syncope is the diagnosis in 30-70% of the population who experience syncope. It is very important to make sure that syncope and epilepsy are distinguished from each other.

Symptoms

Symptoms vary from patient to patient and from one faint to another. The most common symptoms are light headedness, dizziness, and nausea. Many people feel very hot and clammy, sweaty and complain of visual and hearing disturbances. Many individuals become very pale. Afterwards most people are tired for minutes to hours, and at times even days.

Diagnosis

A good description by a witness, keeping a diary of events and consulting a doctor who is fully aware of the condition and takes a detailed history will lead to a correct diagnosis. Every patient who suffers a blackout should be given a 12-lead ECG.

♥ 12-lead electrocardiogram (ECG) is used to analyse the heart rhythm.

The following tests are sometimes also used to help doctors make a diagnosis:

♥ A heart rhythm monitor records heart rhythms but is quite often unrevealing.

♥ A tilt table test is an autonomic test used to induce a faint. Continuous heart and blood pressure monitors help establish the diagnosis. It should only be done when your doctor is not sure of the diagnosis.

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- ♥ An implantable loop recorder (ILR) may be used to monitor heart rhythms for months at a time if the episodes are less frequent than every 30 days. The device can remain in place for up to three years. It is rarely used in young and otherwise healthy patients.
- ♥ An electroencephalogram (EEG) is used to analyse brain activity but is not a routine part of testing unless the suspicion for seizures is very high. It should not be done in any patient for the diagnosis of the causes of syncope.

Immediate action in the event of a Reflex Syncope attack:

The moment you feel your usual symptoms coming on:

1. If you are able, **LIE DOWN FLAT AND RAISE YOUR LEGS** against a wall, table, or chair. You will be safe and this almost always will break the attack. Even sitting down will be helpful. Remain lying down or sitting until you feel better.
2. **SQUAT** if you are unable to lie down. Remain squatting until you feel better. You will be safer than standing, and there is an excellent chance that this will break the spell in 2-3 minutes.
3. If symptoms are mild or you are unable to squat, sit or lie down, **cross your thighs and tense all your muscles below your rib cage tightly**. Make sure to buttock clench as well. All three of these actions should restore blood flow to your heart and head.
4. **Don't try to fight your symptoms**; if you remain upright, you may faint and injure yourself as a result of the fall.
5. **GET UP CAUTIOUSLY** when you feel well again. If symptoms continue, promptly repeat immediate action steps.

Reflex Syncope is also known as:

Neurally mediated syncope
Vasovagal syncope
Common benign fainting
Malignant vasovagal syncope
Emotional fainting

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