

syncope

Definition

Syncope is a loss of consciousness usually due to a reduction in perfusion of the brain.

DD Syncope

- Many conditions give rise to syncope
 - **Cardiac**
 - **Vasovagal**
 - **Circulatory**
 - **Cerebrovascular**
 - **Neurological**
 - **Metabolic**

History

- Firstly differentiate between cardiac and non-cardiac syncope.
- Differentiation depends on a good detailed history of syncopal episodes
- What preceded the episode
 - **Exertion** – cardiomyopathy, aortic stenosis
 - **Pain or anxiety** – vasovagal syncope
 - **Standing** – postural hypotension
 - **Neck movements** - VBI attacks

- Speed of onset may be:
 - **Immediate with no warning** – Stokes-Adams
 - **Rapid with warning** – preceded by light-headedness (vasovagal) or by aura (epilepsy)
 - **Gradual with warning** – hypoglycaemia – light-headedness, nausea and sweating

Witness Accounts

- Obviously patient has passed out and will be unaware of what happened next
 - Patient lies still breathing – S-A attack
 - Patient shakes, has facial twitching, becomes incontinent – Epilepsy
 - Patient goes grey preceding collapse – Vasovagal
 - Patient goes grey after collapse - Cardiac

Recovery Time

- Recovery time may give a good indication of the possible of the syncopal episode.
 - **Feels well soon after episode** – Likely to be cardiac cause
 - **Feels washed out, nauseated and take a few minutes to recover** – Likely to be vasovagal
 - **Has a neuro deficit** – TIA or epilepsy
 - **Very drowsy and wants to sleep shortly after regaining consciousness** - epilepsy

Past Medical History

- Any cardiac history is important – arrhythmias/emboli
- A history of stroke or TIA – cerebral cause
- DM – Hypoglycaemia
- History of epilepsy/head injuries

Drug History

- What drugs is the patient taking and are they a possible causative factor.

Some possibilities...

- **Antihypertensive** and **diuretics** predispose to hypotension
- **Antiarrhythmics** can lead to bradycardia leading to syncope
- **Vasodilators** can precipitate syncope

Differential Diagnosis Of Syncope

System Involved	Pathology
Cardiac	Tachyarrhythmia – Supraventricular or ventricular Bradyarrhythmia = HYPOTENSION Stokes Adams attacks – syncope due to transient asystole Aortic stenosis, Pulmonary stenosis
Vasovagal	Carotid sinus massage – precipitated by pain, micturition, anxiety – results in hyperstimulation of the vagus leading to AV block = bradycardia = HYPOTENSION
Vascular	Postural hypotension – usually due to antihypertensive or diuretic drugs DM – autonomic neuropathy Septic shock severe peripheral vasodilatation = HYPOTENSION
Cerebrovascular	TIA, VBI
Neurological	Epilepsy
Metabolic	Hypoglycaemia

History Considerations

- When did you pass out?
- Did you know you were about to pass out?
- Has it happened before?
- Was it similar to your last episode?
- How? How was it different this time?
- Do you know how long you were out for?
- How did you feel when you came round?
- Did anybody witness your fainting?