

Medicine Hx- Cardiovascular System

History of “Syncope”

A. Overview:

-Syncope: Transient loss of consciousness and postural tone resulting from reduced cerebral perfusion that recovers spontaneously and completely. It is considered common, especially amongst the elderly.

-Presyncopal attack: Transient sensation of weakness without loss of consciousness. (Feels like they're going to pass out, but don't)

-When taking the history:

- Syncope can be diagnosed by history alone if it is taken correctly.
- Make sure that the patient actually suffered from syncope. (Seizures, metabolic disorders e.g. hypoglycemia, alcohol are suggested by a longer episode)
- In addition to the patient, interview people who witnessed the episode.
- Remember that syncope is a medical term, the patient will refer to it as fainting, falling out, passing out, dizziness, or blacking out.
- Don't forget to take a good past medical history, family history and a complete list of medications that the patient is on.

B. Differential diagnosis:

DDx	What support this diagnosis?
“Cardiac Syncope”	
Arrhythmias	Risk factors: Family history of sudden death (Burgada, long QT syndrome). History of heart disease (ventricular arrhythmias) History of rapid palpitations/arrhythmias. Antiarrhythmic drugs (prolonged QT) Typical Symptoms: Happens without warning “no symptoms” (heart block). Lightheadedness. Chest pain. Palpitation. Breathlessness. Rapid recovery with flushing
Structural heart disease “Aortic stenosis, hypertrophic obstructive cardiomyopathy”	After exertion Typical Symptoms: Happens without warning “no symptoms” (heart block). Lightheadedness. Chest pain. Palpitation Breathlessness. Rapid recovery with flushing
“Neurocardiogenic Syncope”	

Vasovagal syncope “Most common cause of syncope”	Risk factors: Age (teens or 20s). Emotional distress (e.g. sight of blood)/pain/unpleasant environment Typical Symptoms: Nausea. Sweating. Unconsciousness is brief. Slow recovery period with nausea and lightheadedness
Situational syncope	- Occurring during micturition (micturition syncope) - Occurring with prolonged cough (tussive syncope)
Hypertensive carotid sinus syndrome	Risk factors: age: > 60 Abrupt neck movement/ pressure on neck causes symptoms. Typical Symptoms: Nausea. Sweating. Unconsciousness is brief Slow recovery period with nausea and lightheadedness
Postural (orthostatic) hypotension	Risk factors: Family history. Hypovolemia (excessive diuretic therapy) Sympathetic degeneration (aging, DM, Parkinson’s disease) Medication. (Antidepressants, vasodilators). Standing in a crowded place for a long time. Typical Symptoms: Dizziness after standing up. Nausea. Blurry vision Unconsciousness is brief

C. Questions to ask the patient with this presentation

Questions	What you think about! ...
Personal data	
<i>Age</i>	<ul style="list-style-type: none"> • Teens, 20s: most likely vasovagal syncope • > 45: most likely cardiac syncope • > 60 hypertensive carotid sinus syncope • Aging :orthostatic hypotension
Description of the Episode (character, duration, frequency)	
<i>Was the sensation more one of spinning?</i>	Vertigo “due to cerebrovascular disease”
<i>Do you black out or feel dizzy when you stand up quickly?</i>	Postural hypotension
<i>Have you injured yourself?</i>	<ul style="list-style-type: none"> • Arrhythmia • Seizure
<i>Have you bitten your tongue?</i>	<ul style="list-style-type: none"> • Seizure
<i>Have you passed urine during the episode?</i>	<ul style="list-style-type: none"> • Micturition syncope
<i>Has anyone seen an episode and noticed jerking movements</i>	<ul style="list-style-type: none"> • Myoclonic jerk movements (isolated, involuntary): cardiac syncope • Tonic-clonic movements: seizure
<i>Do you wake up feeling normal or drowsy?</i>	<ul style="list-style-type: none"> • Normal: cardiac syncope • Drowsy: seizure

<i>Did you lose consciousness completely? How long for?</i>	Brief: <ul style="list-style-type: none"> • Vasovagal syncope • Postural hypotension
<i>How often have episodes occur?</i>	
Aggravating Factors	
<i>Did the episode occur during heavy exercise or when you wake up to pass urine at night?</i>	Excessive exercise: <ul style="list-style-type: none"> • <u>Aortic stenosis</u> • <u>Hypertrophic obstructive cardiomyopathy</u> • Pulmonary hypertension • Subclavian steal • <u>Sever coronary artery disease</u> Passing urine: <ul style="list-style-type: none"> • Micturition syncope
<i>Did the episode occur with abrupt neck movement “esp. looking upwards” or with pressure on the neck?</i>	Carotid sinus syncope
Associated Symptoms	
<i>Do you get any warning?</i>	<ul style="list-style-type: none"> • Fear, a feeling of nausea and being in a stuffy room: vasovagal episode • Strange smell or feeling of deja-vu (aura): seizure
<i>Vomiting/ nausea</i>	Absence: arrhythmia
Medication	
<i>What medications are you taking? Any antihypertensive medications, cardiac antiarrhythmic drugs or antiepileptic drugs?</i>	<ul style="list-style-type: none"> • Antihypertensive medications/ antidepressants: Postural hypotension • Antiarrhythmic drugs: prolonged QT • Antiepileptic drugs: arrhythmia • Diuretics: excessive use causes postural hypotension “hypovolemia”
Past Medical History	
<i>Do you have heart disease or heart failure?</i>	Cardiac syncope
<i>Do you have a history of seizures?</i>	Epilepsy
<i>Do you have a history of Parkinson’s disease?</i>	Postural hypotension
<i>Do you have a history of Diabetes with neuropathy?</i>	Autonomic neuropathy “causing postural hypotension”
Family History	
<i>Family history of sudden death</i>	<ul style="list-style-type: none"> • Arrhythmia • Long QT interval • Brugada syndrome
<i>Family history of postural hypotension (parents)</i>	Postural hypotension

D. Review of symptoms related to the system of interest.

Cardiovascular history
Major symptoms
Chest pain/ arm pain/ neck pain
Dyspnea
Paroxysmal nocturnal dyspnea
Orthopnea
Ankle edema/ peripheral edema
Palpitation
Syncope/ dizziness*
Syncope/ dizziness with exertion*
Intermittent claudication
Peripheral cyanosis
History of rheumatic fever, hypertension, MI

*alarming symptoms

432 OSCE TEAM

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