



## History of Syncope

Color index :

**Important**

Further explanation



[Editing link](#)

# History of Syncope



01

## 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)
- **Dizziness (vertigo):** where the world seems to be turning around.
- **Seizure:** Abnormal neural excitation, things that suggest seizure rather than syncope?  
(cut the tongue, turning his head, face turns blue during the episode)
- **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.



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### What support this diagnosis?



#### Cardiac Syncope

##### Arrhythmias

- **Risk factors:** Family history of sudden death (Brugada Syndrome 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. May Occur in supine posting

##### Structural heart disease.

- like: “Aortic stenosis, hypertrophic obstructive cardiomyopathy, atrial myxoma
- Happens 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.
  - Preceded by prodromal symptoms :nausea, vomiting and lightheadedness

##### Situational syncope

- Occurring During passing urine (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

##### Gastrointestinal

- Upper GI bleeding : hx of PUD, hx of Aspirin, NSAID, epigastric abdominal pain and hematemesis
- Lower GI bleeding :hx of diverticular disease, weight loss, abdominal pain, PR bleeding

##### Cerebrovascular

- **Suggested by :** (1)pressure or pulse differences between the right and left arm; (2) known subclavian steal syndrome; (3) focal neurologic features suggestive of vertebrobasilar transient ischemic attack; or (4) history of migraine.

**Questions ?****What you think about !** **Personal Data**

Age	<ul style="list-style-type: none"> <li>- Teens, 20s: most likely vasovagal syncope</li> <li>- &gt; 45: most likely cardiac syncope</li> <li>- &gt; 60 hypertensive carotid sinus syncope</li> <li>- Aging :orthostatic hypotension</li> </ul>
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**Description of the Episode(character, duration, frequency)**

<i>Do you black out or feel dizzy when you stand up quickly?</i>	Postural hypotension
<i>have you passed out while passing urine ?</i>	Micturition syncope
<i>Have you recovered spontaneously or some aid? Has anyone seen an episode and noticed jerking movements</i>	<ul style="list-style-type: none"> <li>• Myoclonic jerk movements (isolated, involuntary): cardiac syncope</li> <li>• Tonic-colonic movements: seizure</li> </ul>
<i>Do you wake up feeling normal or drowsy?</i>	<ul style="list-style-type: none"> <li>• Normal: cardiac syncope</li> <li>• Drowsy: seizure</li> </ul>
<i>Did you lose consciousness completely? How long for?</i>	Brief: <ul style="list-style-type: none"> <li>• Vasovagal syncope</li> <li>• Postural hypotension</li> </ul>
<i>Do you lose consciousness in the supine position + Do you notice palpitations or a fast heart rate before Arrhythmia your episodes?</i>	Arrhythmia
<i>Do you pass out with changes in position?</i>	Atrial myxoma
<i>Do your episodes occur after coughing, urinating, defecating, or swallowing?</i>	Situational syncope
<i>Do your episodes occur during a migraine attack?</i>	Basilar artery migraine
<i>Do you have severe diarrhea, frequent urination, or prolonged vomiting?</i>	Volume depletion

<i>Do your episodes occur within 1 hour of eating meals?</i>	Postprandial hypotension
<b>Associated Symptoms</b>	
<i>Do you get any warning?</i>	- 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
<i>Do you have chest or neck pain with your episodes?</i>	Coronary artery disease Glossopharyngeal neuralgia
<i>Do you have black tarry stools, bloody stools, or hematemesis? bleeding</i>	Orthostatic hypotension due to GI bleeding



### Aggravating Factors

<i>Did the episode occur during heavy exercise or when you wake up to pass urine at night?</i>	Excessive exercise: Aortic stenosis Hypertrophic obstructive cardiomyopathy Pulmonary hypertension Subclavian steal Severe coronary artery disease Passing urine: • Micturition syncope
<i>Did the episode occur with abrupt neck movement “esp. looking upwards” or with pressure on the neck?</i>	Carotid sinus syncope

### Medication

<i>What medications are you taking? Any antihypertensive medications, cardiac antiarrhythmic drugs or antiepileptic drugs?</i>	- Antihypertensive medications/ antidepressants: Postural hypotension - Antiarrhythmic drugs: prolonged QT - Antiepileptic drugs: arrhythmia - Diuretics: excessive use causes postural hypotension “hypovolemia”
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## 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"><li>• Arrhythmia</li><li>• Long QT interval • Brugada syndrome</li></ul>
<i>Family history of postural hypotension (parents)</i>	Postural hypotension

04

## Summary

**Reflex mediated syncope** : suggested by

- 1) absence of cardiac disease or family history of sudden death
- 2) previous history of syncope or family history of syncope
- 3) occurs after pain or sudden unexpected sight (eg, blood), smell, or sound
- 4) prolonged standing in a close, hot environment (eg, crowded assembly)
- 5) occurs after or during eating, on exertion
- 6) Occurs with pressure on carotid signs( e.g, sigh collar. shaving, tumor) or head turning

**Orthostatic hypotension** : suggested by

- 1) occurs after standing up. 2) recent start or change in medication.
- 3) volume loss. 4) history of parkinsonism, or autonomic neuropathy

You have to distinguish between **seizure**, syncope, Coma Intoxication Metabolic disorder, Sleep disorder

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