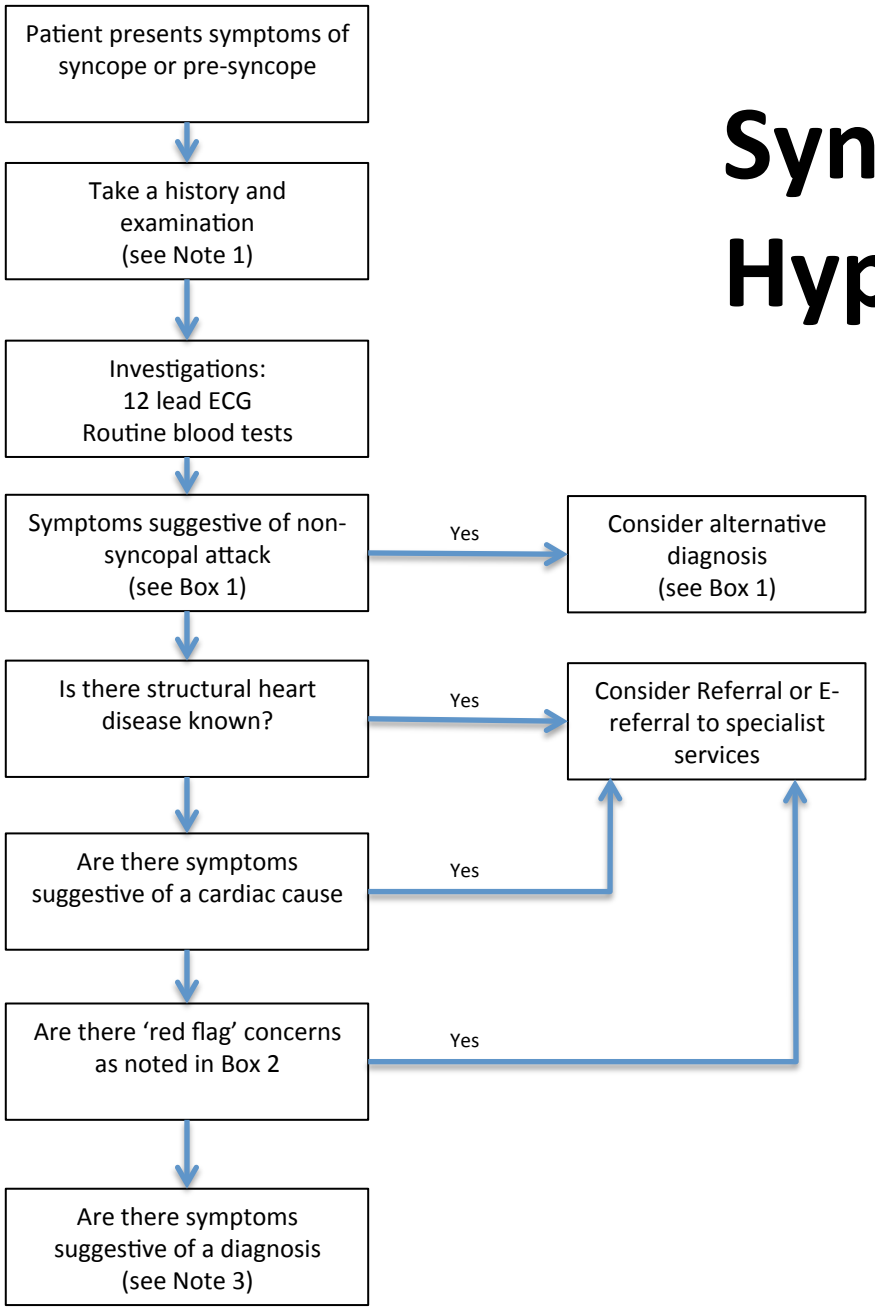
Syncope/Presyncope/ Hypotension Pathway



BOX 1-Symptoms suggestive of non-syncopal episode

- Disorders resembling syncope with impairment or loss of consciousness. E.g. Seizures, TIAs etc
- Disorders resembling syncope with intact consciousness E.g. psychologenic "syncope" (somatization disorders)

BOX 2-Red Flags

- Suspected/known
  - significant cardiac disease
  - chest pain
  - Cardiac murmur
- ECG abnormalities suggesting arrhythmias (long QT etc)
- Syncope during exercise
- Syncope causing severe injury
- Family History of sudden death
- Sudden onset of palpitations in the absence of heart disease
- Frequent recurrent episodes

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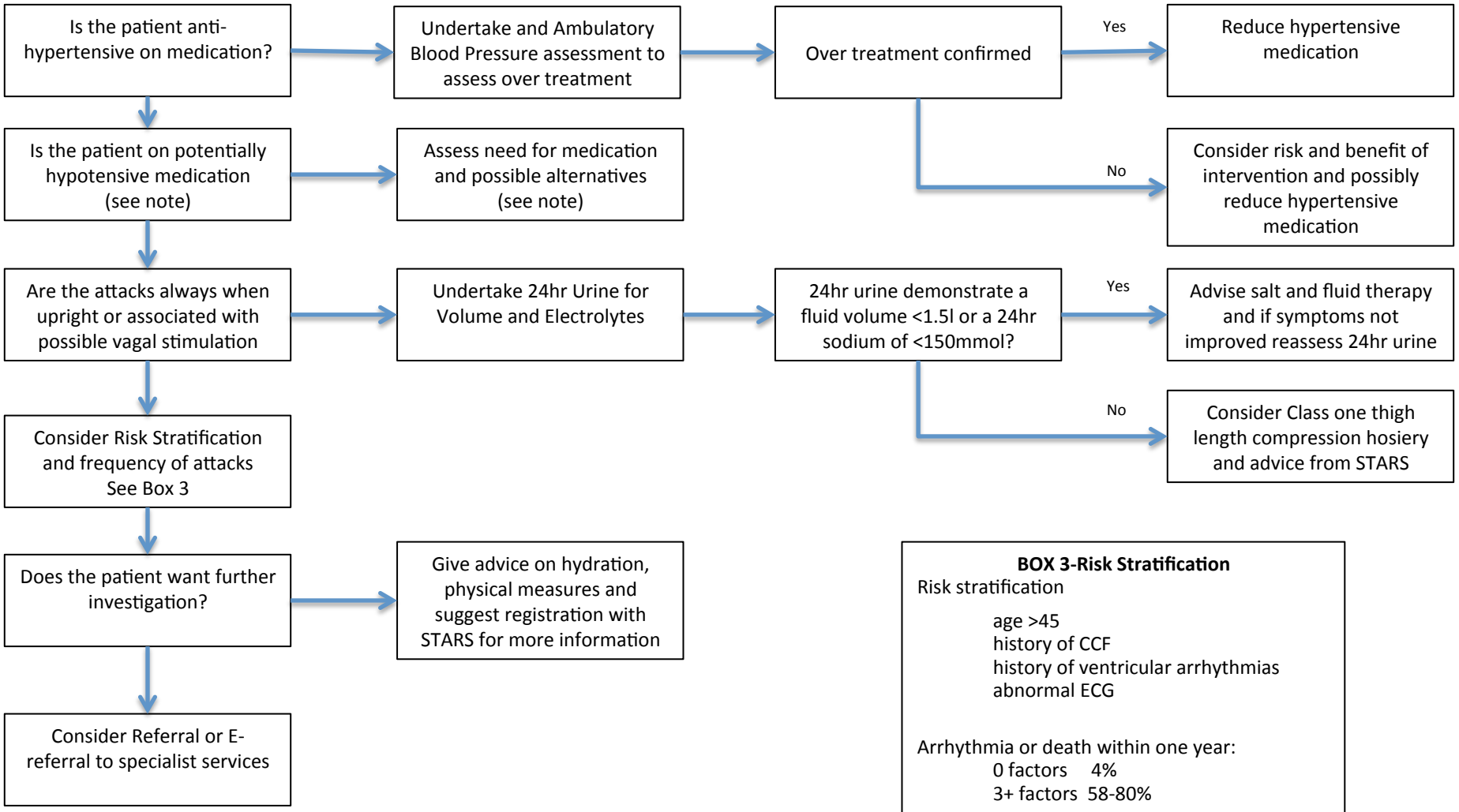

BOX 3-Risk Stratification

Risk stratification

age >45
history of CCF
history of ventricular arrhythmias
abnormal ECG

Arrhythmia or death within one year:

0 factors 4%
3+ factors 58-80%

Unhelpful Investigations in this situation

- 24hr ECG
- EEG
- CT scan
- MRI

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General Points

- Causes of syncope in the elderly population:
  - **Cardiac diseases**
    - *Primary cardiac arrhythmias*
      - Probably the most common cause of syncope in patients with structural heart or vascular disease.
      - An age-related fall in nodal myocytes particularly in the sino-atrial node increases the incidence of atrial fibrillation, heart block and sick sinus syndrome
      - Polypharmacy
    - *Structural cardiovascular diseases—obstruction to left ventricular outflow*
    - *Obstruction to right ventricular outflow*
  - **Neurally mediated syncopal syndromes**
    - *Vasovagal syncope*
    - *Situational syncope*
    - *Carotid sinus hypersensitivity*
  - **Orthostatic and dysautonomic disturbance of blood pressure control**
  - **Postprandial hypotension**
  - **Cerebrovascular, neurological, and psychiatric causes**

- Drugs predisposing to syncope
  - **Vasodilators:** nitrates, Calcium Channel Blockers, ACEIs
  - **Antihypertensives :** Alpha Blockers, Beta Blockers
  - **Prolongation of QT(torsade de pointes)**
    - Antiarrhythmic agent : class IA,III
    - Antibiotics : macrolide(erythromycin), bactrim
    - Others :Terfenadine,Tricyclic Antidepressants

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Differentiating syncope from seizure

Feature	Syncope	Seizure
Aura	Absent	Rarely present
Dizziness prodome	Sometimes present	Absent
Color at onset of event	Sometimes pale	Sometimes purple
Jerking movements	Infrequent & short-lived	Common & longer-lasting
Pattern of convulsion	Uncoordinated myoclonic jerks & twitches after LOC	GTC movements-coincidence with LOC
Upturning of eyes	Common	Uncommon
Forced conjugate deviation of eyes	Absent	Common
Tongue biting lateral	Absent	Common
Urinary incontinence	Rare	Common
Duration of event	Seconds	Minutes
Disorientation after event	Absent rare	Present common
Increase in CK enzyme	Absent	Present

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Orthostatic hypotension:- Non-drug management

- Conservative advice
  - Fluids
  - Take your time
  - Exercise pre stand
  - Salt
  - No Crossed legs
  - Squatting
  - Alcohol
  - Large CHO meals
  - Don't strain at stool
  - Sit to wee
- Graduated compression stockings/tights
- Cognisance of precipitating factors
- Abdominal binders

Orthostatic hypotension:- Refractory Cases

- Caffeine 2 cups in the morning
- Raise head end of bed (RAS activation)
- Abdominal binders
- Specific drugs
  - Fludrocortisone
  - Midodrine
  - NSAIDs
  - SSRIs