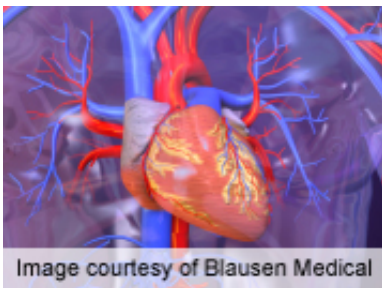


Comorbidities, meds factor into recurrent syncope

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(HealthDay)—Certain comorbidities, age, gender, and use of multiple medications that cause orthostatic hypotension are associated with increased risk of recurrent syncope, according to research published in the Nov. 15 issue of *The American Journal of Cardiology*.

Martin Huth Ruwald, M.D., Ph.D., of Gentofte Hospital in Hellerup, Denmark, and colleagues analyzed data from 2001 to 2009 for patients older than 50 years, who were discharged after an initial episode of syncope, to assess the predictive factors for recurrent syncope.

The researchers found that patients with syncope who were 85 years or older were more often women (65 versus 47 percent) and, in general, had more non-cardiovascular comorbid conditions. The prevalence of cardiovascular comorbidities was distributed across age groups. Baseline

predictors that were significantly associated with recurrent syncope included [aortic valve stenosis](#) (hazard ratio [HR], 1.48), impaired renal function (HR, 1.34), atrioventricular or left bundle branch block (HR, 1.32), male gender (HR, 1.18), chronic obstructive pulmonary disorder (HR, 1.10), heart failure (HR, 1.10), atrial fibrillation (HR, 1.09), age per five-year increment (HR, 1.09), and each increase in medications that cause orthostatic hypotension (HR, 1.06).

"The use of multiple orthostatic medications additively increased the risk of recurrences, representing a need for strategies to reduce unnecessary polypharmacy," the authors write.

One author received independent research scholarship funds from the Novo Nordisk Foundation.

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