

Experts release guidelines for evaluating, managing syncope

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The American College of Cardiology, with the American Heart Association and the Heart Rhythm Society, today released a guideline on the evaluation and management of patients with syncope. The 2017 ACC/AHA/HRS Guideline for the Evaluation and Management of Syncope will publish online today in the *Journal of the American College of Cardiology, Circulation* and *HeartRhythm*.

Syncope, or fainting, is caused by low blood pressure resulting in an insufficient supply of blood, and therefore oxygen, to the brain. This can happen due to several causes, some of them even due to a serious underlying [medical condition](#). Until now, there have been no written standards outlining the best course of action to take when treating patients who faint.

"This is very important because fainting impacts thousands of people every day," said Win-Kuang Shen, MD, chair of the writing group that developed the guidelines. "Now that we have these guidelines, physicians and clinicians will be able to make better-informed decisions and this will contribute to improved patient outcomes."

The new recommendations include:

1. If a patient faints, a doctor should perform a detailed history and physical examination during the initial evaluation.
2. The most common cause of fainting usually occurs while standing when [blood pressure](#) drops, reducing circulation to the

brain and causing loss of consciousness. This condition is not life threatening although it can cause worries and interfere with one's quality of life. Physicians should inform patients that common faints are not life threatening.

3. Using an electrocardiogram (ECG) when initially evaluating patients who faint is useful. It is important to find out the cause of fainting and treat the [heart](#) condition in the patient if he or she has an abnormal ECG after fainting.
4. If a person has a serious medical condition that could be related to their fainting, they should be evaluated and/or treated at a hospital after the initial assessment.
5. There are a number of tests that are not useful in evaluating patients who faint. These include: routine laboratory testing, routine cardiac imaging, like an MRI or CT scan, unless the patient has a suspected cardiac issue, and carotid artery or head imaging, unless there is a specific reason why the patient needs to be evaluated further.
6. Implantable cardioverter-defibrillators (ICD) can be helpful for certain patients who faint because they have irregular heartbeats that are life threatening.
7. Beta-blockers can be a good choice in patients who faint and who have certain heart conditions as defined in the guidelines.
8. Patients who faint and who also have certain types of heart issues as defined in the guidelines should restrict their exercise.
9. A pacemaker may be helpful for some patients who experience reoccurring common faints that are associated with a very slow heart rate. Drugs are usually not very effective in treating patients with common faints.
10. Heart rhythm monitoring can be a good choice for patients with unexplained fainting who may have intermittent heart rhythm issues that cause fainting.
11. An athlete who has problems with fainting should have a heart assessment done by an experienced health care provider or

specialist before returning to competitive sports.

"Studies show that in the U.S., about one-third to half the population faints at some point in their lifetime. That means there is a very good chance these guidelines will either affect you directly or someone you know. Therefore, having these guidelines is not only good for the clinicians using them—but for everyone," Shen said.

The guideline was written in collaboration with the American College of Emergency Physicians and the Society for Academic Emergency Medicine.

More information: *Journal of the American College of Cardiology*, DOI: [10.1016/j.jacc.2017.03.003](https://doi.org/10.1016/j.jacc.2017.03.003)

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