

Favorable prognosis for syncope patients discharged from ER

November 3 2017



(HealthDay)—Most patients presenting to the emergency department

(ED) with a primary diagnosis of syncope are discharged and have a favorable prognosis, and though total costs to care for discharged syncope patients are high, cost per patient is lower compared with hospitalized patients, according to a study published online Nov. 1 in *JACC: Clinical Electrophysiology*.

Roopinder K. Sandhu, M.D., M.P.H., from the University of Alberta in Canada, and colleagues examined outcomes and costs for 51,831 consecutive patients presenting to the ED with a primary [diagnosis](#) of syncope from 2006 to 2014.

The researchers found that 6.6 percent of [patients](#) were hospitalized and discharged with a primary diagnosis of syncope (cohort 1), 8.7 percent were hospitalized and discharged with a primary diagnosis other than syncope (cohort 2), and 84.7 percent were discharged home from the ED with a diagnosis of syncope (cohort 3). There was variation in 30-day ED revisits for syncope from 1.2 to 2.4 percent for cohorts 2 and 1, respectively; readmission rates were below 1 percent among the cohorts. Short- and long-term mortality rates were highest and lowest for cohorts 2 and 3, respectively (30-day mortality: 1.2, 5.2, and 0.4 percent for cohorts 1, 2, and 3, respectively; one-year [mortality](#): 9.2, 17.7, and 3 percent, respectively). The total cost of syncope presentation was \$534.8 million (\$76.7 million, \$139.4 million, and \$318.7 million for cohorts 1, 2, and 3, respectively).

"Further research is needed for cost-saving strategies across all cohorts," the authors write.

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Citation: Favorable prognosis for syncope patients discharged from ER (2017, November 3)
retrieved 27 April 2024 from

<https://medicalxpress.com/news/2017-11-favorable-prognosis-syncope-patients-discharged.html>

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