

European Society of Cardiology guidelines on syncope launched today at EHRA 2018

March 19 2018

European Society of Cardiology guidelines on syncope were launched today at EHRA 2018 and published online in the *European Heart Journal*.

Syncope is a transient loss of consciousness caused by reduced blood flow to the brain. Approximately 50 per cent of people have one syncopal event during their lifetime. The most common type is vasovagal syncope, commonly known as fainting, triggered by fear, seeing blood, or prolonged standing, for example.

The challenge for doctors is to identify the minority of [patients](#) whose syncope is caused by a potentially deadly heart problem. The guidelines recommend a new algorithm for emergency departments to stratify patients and discharge those at low risk. Patients at intermediate or high risk should receive [diagnostic tests](#) in the emergency department or an outpatient syncope clinic.

Professor Michele Brignole, Task Force Chairperson, said: "The new pathway avoids costly hospitalisations while ensuring the patient is properly diagnosed and treated."

Most syncope does not increase the risk of death, but it can cause injury due to falls or be dangerous in certain occupations - such as airline pilots. The guidelines provide recommendations on how to prevent syncope, which include keeping hydrated, avoiding hot crowded environments, tensing the muscles, and lying down. Advice is given on

driving for patients with syncope, although the risk of accidents is low.

The document emphasises the value of video recording in hospital or at home to improve diagnosis. It recommends that friends and relatives use their smartphones to film the attack and recovery.

Dr Angel Moya, Task Force Co-chairperson, said: "There are clinical clues, such as the duration of the loss of consciousness, whether the patient's eyes are open or closed, and jerky movements, that can help distinguish between syncope, epilepsy, or other conditions."

Another diagnostic tool is the implantable loop recorder, a small device inserted underneath the skin of the chest that records the heart's electrical signals. The guidelines recommend to extend its use for diagnosis in patients with unexplained falls, suspected epilepsy, or recurrent episodes of unexplained syncope and a low risk of sudden cardiac death.

A new section has been added to the guidelines, as an addendum, with practical instructions for doctors on how to perform and interpret diagnostic tests.

Professor Brignole said: "The Task Force that prepared the guidelines was truly multidisciplinary. A minority of cardiologists were joined by experts in emergency medicine, internal medicine and physiology, neurology and autonomic diseases, geriatric medicine, and nursing."

Dr Moya said: "Syncope is very common and is usually not life-threatening. We now have more tools to help us clarify the diagnosis and cause of syncope so that patients with benign forms can be reassured and those at risk of [sudden cardiac death](#) can receive treatment."

More information: Guidelines for the diagnosis and management of

syncope (Version 2018). *European Heart Journal*.

Provided by European Society of Cardiology

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