PBSGL
NHS Education for Scotland
Centre for Health Science
Old Perth Road, Inverness IV2 3JH
Tel: 01463 255712 Fax: 01463 255736
PBSGLadministrator@nes.scot.nhs.uk
http://www.cpdconnect.nhs.scot/pbsgl/

Syncope in Adults

Practice Based Small Group Learning Programme

INTRODUCTION

Syncope is a common symptom with a lifetime cumulative incidence of 35 to 40%. Many patients do not seek health care after a brief loss of consciousness. For patients who do consult a clinician, history-taking is a key component of the diagnostic work-up. However, determining what happened can be challenging for health care providers as it relies on the ability of a patient or observer to recall and describe the event accurately. Most syncope has a benign cause; however, as non-benign causes can be life-threatening, recognizing "red flags" that indicate a high-risk event is essential. Also, identifying patients who do not require further testing helps avoid over-investigation and reduces patient stress.

OBJECTIVES

This module will enable clinicians to:
- Identify syncope and differentiate benign from potentially life-threatening causes.
- Appropriately investigate a patient presenting after syncope.
- Manage common causes of benign syncope.

CASES

Case 1: Patrick, male, age 76

Patrick comes for assessment accompanied by his wife. She found him unconscious beside the bathtub last night. He remembers going to the bathroom in the night and then waking up with his wife beside him (she heard him fall). He regained consciousness rapidly. His wife tells you his pyjamas were wet with urine when she found him. Besides a few bruises, he now feels fine.

Patrick has hypertension, diabetes, benign prostatic hyperplasia (BPH) and mild chronic obstructive pulmonary disease (COPD). He takes diltiazem 120 mg bd, ramipril 5 mg od, metformin 500 mg BD, tamsulosin 400mcg od, and inhaled bronchodilators prn. He appears alert, in no acute distress. Initial vital signs are BP 126/78 mmHg (left arm, seated) and HR 84 bpm and regular.

What further information would you like to obtain through history and physical examination?

Part Two

Patrick tells you that he felt a bit unwell while sitting on the toilet. He tried to stand up and the next thing he remembers was his wife kneeling beside him. He does not remember having palpitations or cardiac symptoms prior to the episode, nor does he remember trying to brace himself. He denies having any previous syncopal episodes. He sometimes strains to completely empty his bladder, and has occasional urinary incontinence which he attributes to his BPH. He had a glass of wine with dinner but that was about eight hours prior to his faint. When his wife arrived in the bathroom, she did not notice any abnormal motor activity. Patrick regained consciousness quickly and he was not confused. She tested his blood sugar, and it was normal (7.2 mmol/L). Further history reveals his blood pressure and diabetes are well-controlled. He takes no over-the-counter medications, has had no recent medication changes and only rarely drinks wine. On physical examination, his lying and standing BP show no significant changes from his sitting BP. Other examination findings are normal and he has no major acute injuries.

How would you proceed with Patrick?