

Syncope

When should I worry?

16th September 2023

Learning aims

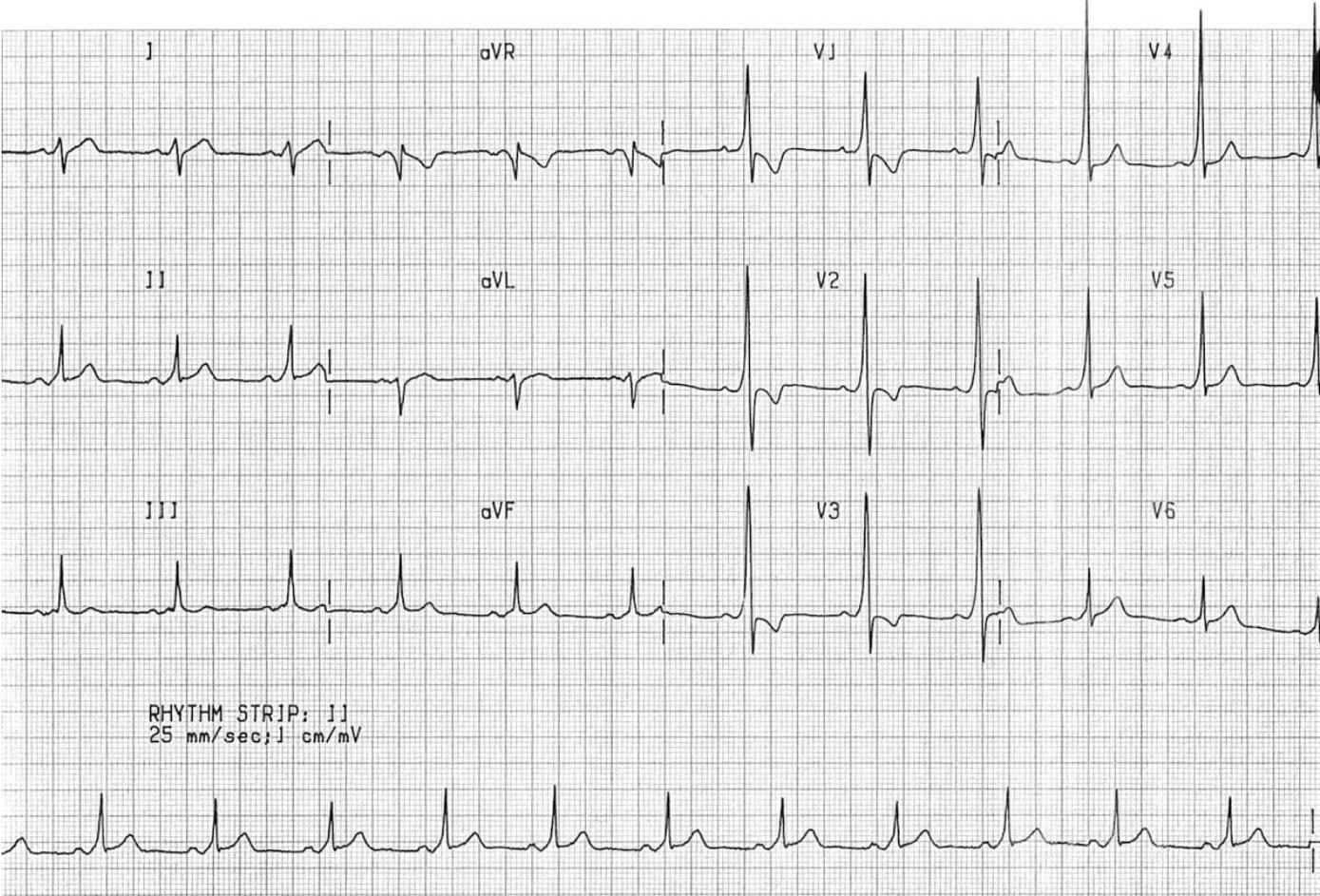
- Define when syncope constitutes a ‘simple faint’.**
- Recognise when a patient with syncope needs acute hospital level care.**
- Explain investigations for syncope that can be completed in primary care, and when to refer for additional evaluation.**

26F with syncope

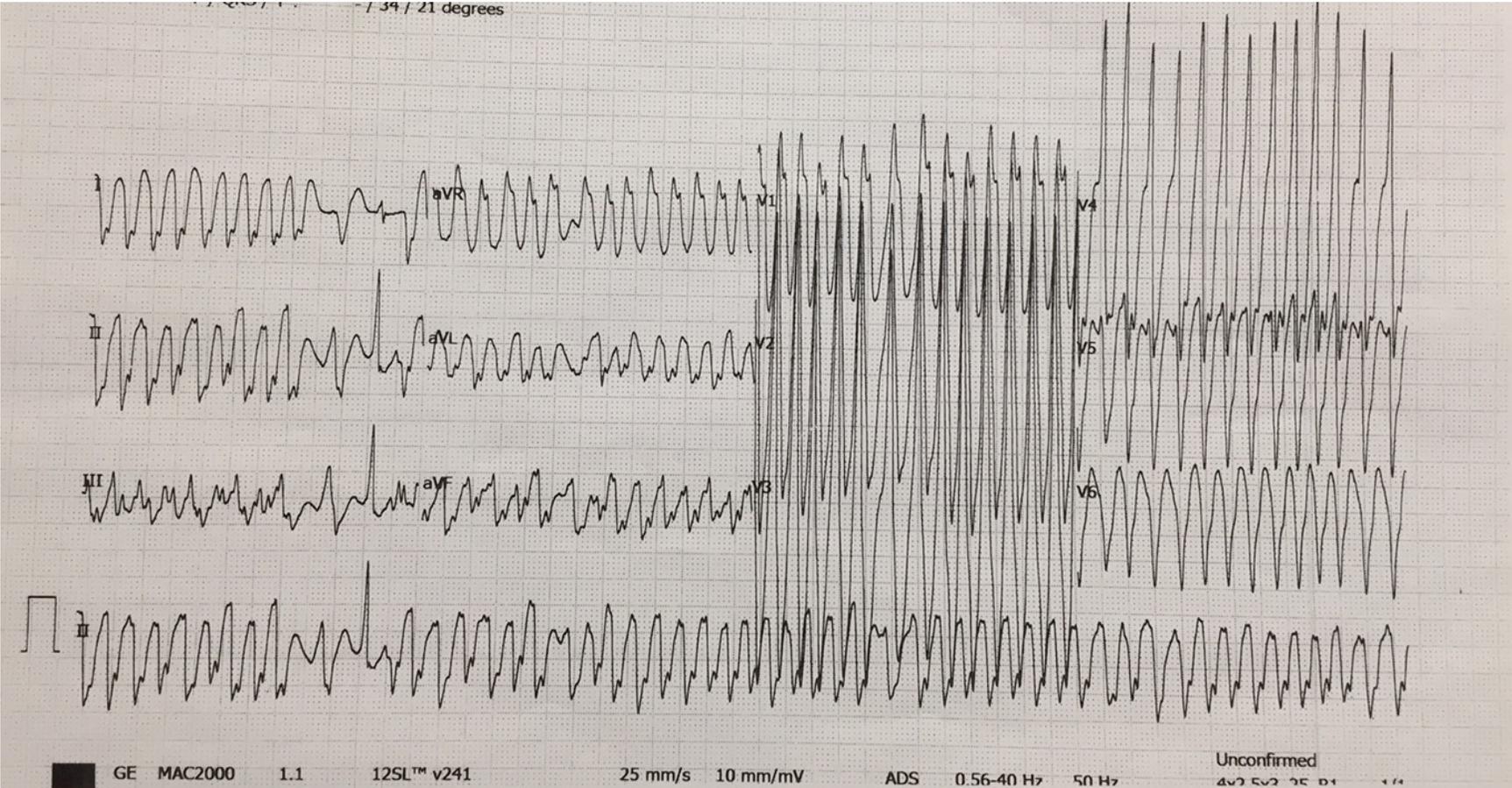
- Depression on Sertraline
- Regular runner including marathons

- Post-run standing in line at a coffee shop and felt unwell for a few moments before collapsing.

Important pathology



Important pathology



Dysautonomia – Lifestyle Interventions

- Fluids 2–3l/day
 - Electrolytes
 - Regular sustaining food throughout day especially the morning
 - Salted snacks
 - Compression sports pants
 - Regular graded exercise programme

 - Fainters
 - Recognise symptoms
 - Squat down
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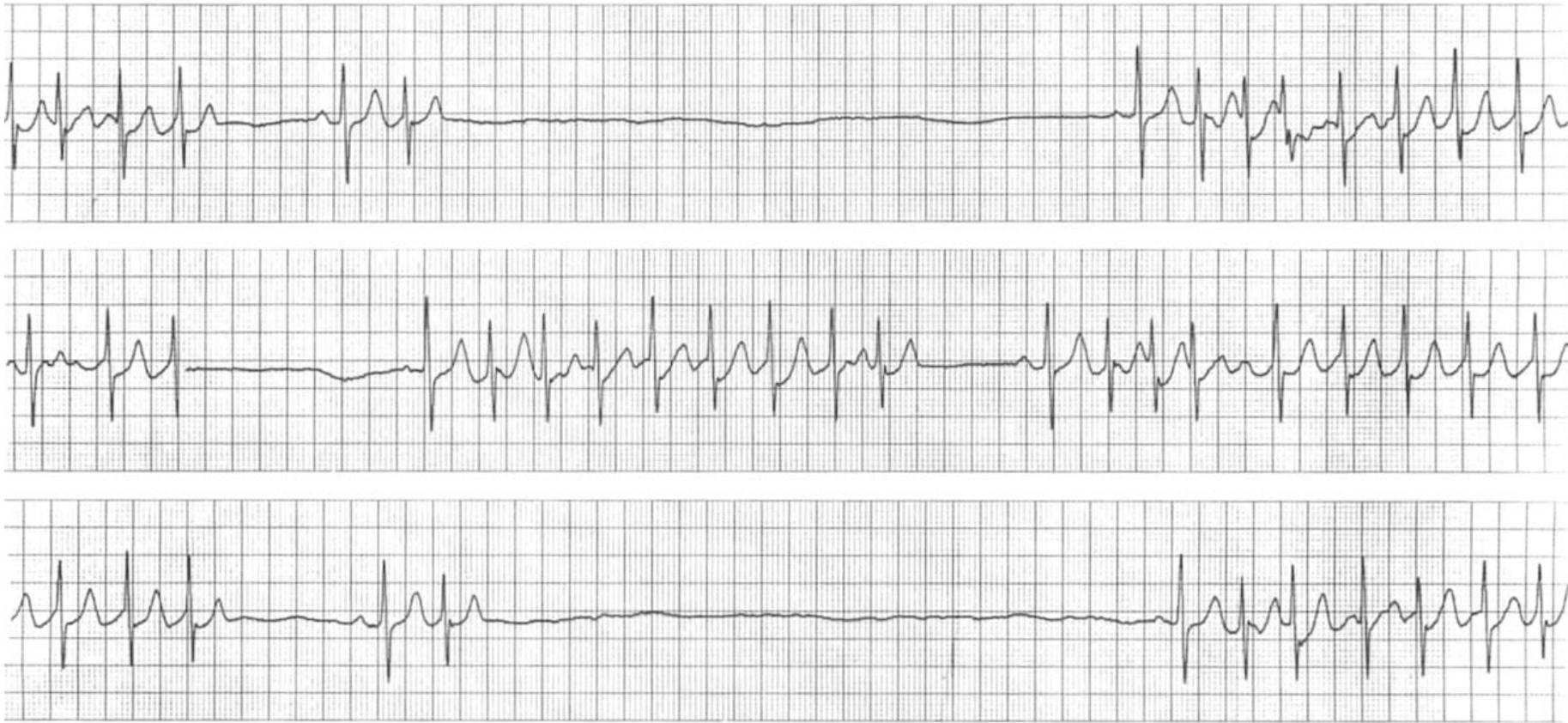
78M with severe pre-syncope while driving

- 2 month history of recurrent syncope/pre-syncope
- Intermittent palpitations

- PMHx:
 - HTN
 - Previous coronary stent
 - TIA

- Medications: amlodipine, candesartan, aspirin

AF reversion pauses



78M with severe pre-syncope while driving

- 2 month history of recurrent syncope/pre-syncope
- Episodes are preceded by chest pain

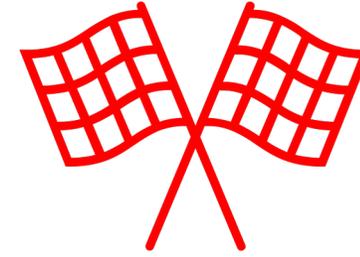
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Red flags

- Significant injury
- Recurrent syncope
- Lack of prodromal symptoms
- Chest pain preceding syncope
- Exertional syncope
- Seated syncope
- Family history of sudden death

- (High risk professions/activities)



Questions?

Questions