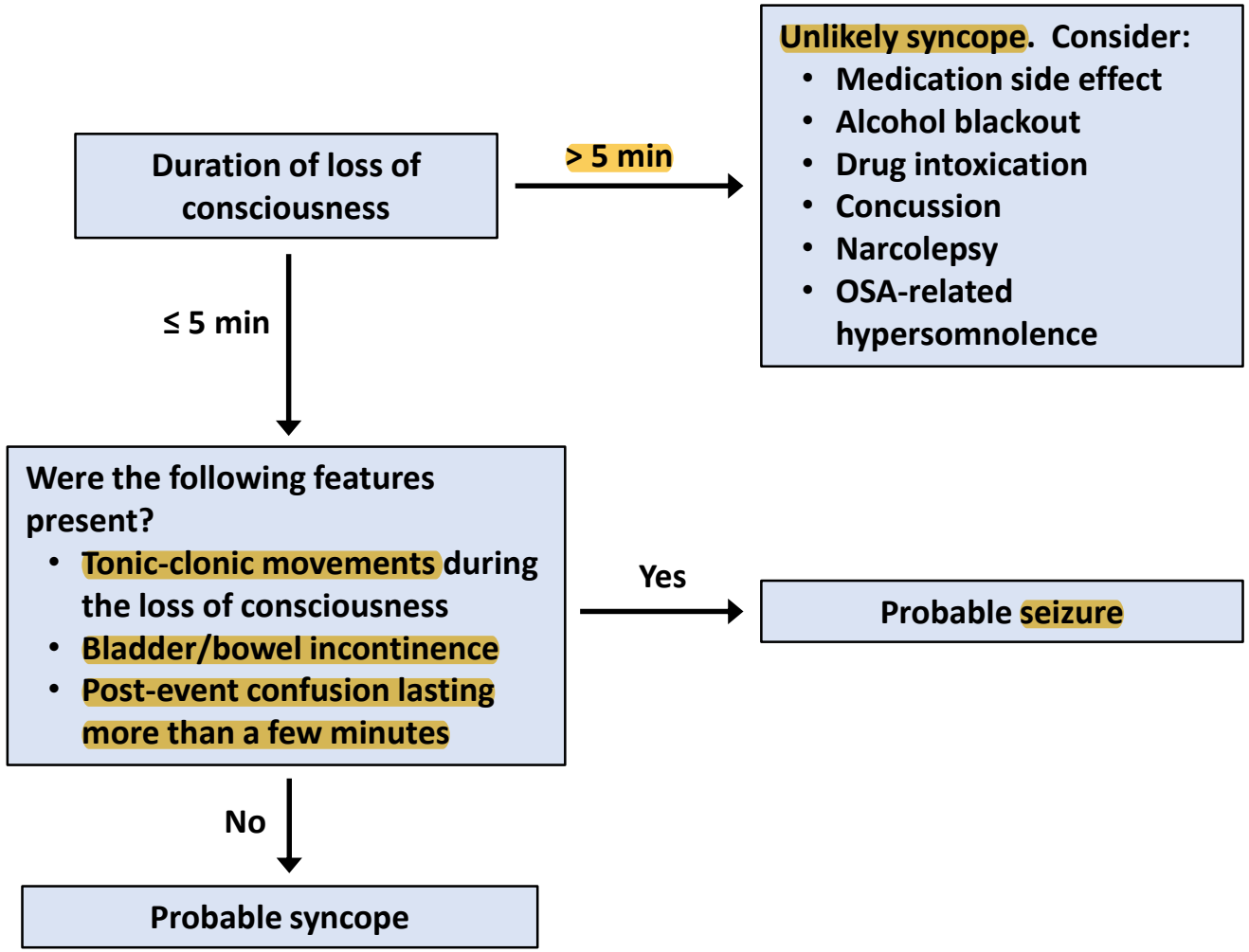
An Approach to Syncope

Diagnostic Framework

Reflex Syncope	Cardiogenic Syncope	Orthostatic Syncope	Syncope Mimics
Vasovagal syncope • Prolonged standing • Emotional stress • Blood draw • Severe pain (particularly intraabdominal) Situational syncope • Coughing • Sneezing • Micturition • Defecation • Post-exercise Carotid sinus hypersensitivity	Bradyarrhythmias • Sinus bradycardia • Sinus pauses • AV block Tachyarrhythmias • Ventricular tachycardia Mechanical • Aortic stenosis • Hypertrophic cardiomyopathy • Massive PE	Volume depletion Medication side effect (e.g. α blockers, antidepressants, antipsychotics) Autonomic failure • Parkinson's disease • Diabetes • Alcoholism • Amyloidosis • Multiple system atrophy	Seizure "Cerebrovascular syncope" • Vertebrobasilar insufficiency • Subclavian steal syndrome Alcohol blackout Medication side effect (e.g. sedation) Psychogenic pseudosyncope

Diagnostic Algorithm for Transient Loss of Consciousness



	Reflex Syncope (relatively benign)	Cardiogenic Syncope (relatively dangerous)	Orthostatic Syncope (relatively benign)
Precipitant	Usually precipitated by clearly identifiable trigger	Usually no precipitant, or precipitated by exertion	Precipitated by moving from lying/sitting to standing position
Prodrome	Present	Present or absent	Present
Injury during fall	Uncommon	Common	Uncommon
Age of onset	Typically younger	Typically older	Typically older
Notable risk factors	None	Heart failure, CAD, family history of early sudden cardiac death	Parkinson's disease, diabetes, alcoholism, new prescriptions
Relevant exam findings	None	Pathologic murmur consistent with mechanical etiologies	Orthostatic hypotension
ECG findings	None	Either current arrhythmia, evidence of ischemia or occult CAD, or evidence of a proarrhythmia syndrome (e.g. long QT, delta waves, etc…)	None
Diagnostic next steps:	If vasovagal or situational, additional testing usually unnecessary, but ambulatory ECG monitor can be considered Carotid hypersensitivity can be confirmed by carotid sinus massage	Complete cardiovascular exam Echocardiogram Ambulatory ECG monitor	Diagnostic trial of IV fluids to correct possible dehydration Stop possible causative meds, if feasible