

**Top Tips in Two Minutes: (Syncope)**

<b>Why:</b>	<b>Definition:</b> intermittent dysfunction of the autonomic nervous system which regulates blood pressure and heart rate. Often caused by a short term reduction in the blood pressure to the brain which results in the transient loss of consciousness. Affects 50% of the population in comparison to epilepsy which affects 1%. Affects children over 9 months.
<b>How:</b>	<p>History:</p> <ul style="list-style-type: none"> <li>• Precipitating events ie. prolonged standing, sudden postural changes, hot environments, fright/head bang, hair brushing</li> <li>• Usually associated with prodromal symptoms such as light headedness/dizziness, nausea, visual and hearing loss</li> <li>• Patients complain of feeling hot, clammy, sweaty and often turn pale</li> <li>• Very brief loss of consciousness with posture change and a quick recovery. Can be associated with myoclonic jerking &lt;1 minute</li> </ul> <p><b>3P's</b> (Posture, Provoking factors, Prodromal symptoms) indicate uncomplicated vasovagal syncope</p> <p>Always ask:</p> <ul style="list-style-type: none"> <li>• Any association with exercise and episodes (<math>\Delta\Delta</math> cardiac cause)?</li> <li>• Any tongue biting, incontinence, tonic-clonic seizure, post-ictal period (<math>\Delta\Delta</math> neurological cause)</li> <li>• Family history (ie. long QT, sudden cardiac death in adults under 40 years of age)</li> </ul> <p>Differential diagnoses:</p> <ul style="list-style-type: none"> <li>• Postural tachycardia syndrome (POTS)</li> <li>• Reflex anoxic seizures</li> <li>• Cardiac arrhythmias</li> <li>• Epileptic seizures</li> <li>• Psychogenic causes</li> </ul>
<b>What Next and When:</b>	<p>Investigations in/organised by primary care:</p> <ul style="list-style-type: none"> <li>• Blood pressure (lying and standing)</li> <li>• ECG (long/short QTc, arrhythmias, ST or T wave abnormalities)</li> <li>• 24hr tape/Holter monitor (if suspecting cardiac cause and frequent/daily episodes)</li> </ul> <p>Referral</p> <ul style="list-style-type: none"> <li>• ECHO by paediatric cardiology (if suspecting cardiac cause and abnormal ECG)</li> <li>• Paediatric Rapid Referral Clinic review if concerns or diagnosis unclear</li> </ul> <p>Management:</p> <ul style="list-style-type: none"> <li>• Most commonly reflex syncope, so monitor episodes (symptom diary)</li> <li>• Do not ignore the prodromal symptoms. Sit down immediately or lie down flat and put legs in the air</li> <li>• Eat regularly and often. Remain well hydrated and have an added salt diet</li> <li>• Change posture slowly</li> <li>• Regular exercise</li> <li>• Clench buttocks, move up and down on tiptoes if standing for prolonged period of time</li> </ul> <p>Avoid triggers if known</p>
<b>Where else:</b>	Syncope Trust and Reflex Anoxic Seizures (STARS) website for reference and patient/carer information: <a href="http://www.stars.org.uk">www.stars.org.uk</a>
<b>References:</b>	NICE guidelines CG109 – Transient loss of consciousness management in adults and young people
<b>Web links:</b>	<a href="http://www.stars.org.uk">www.stars.org.uk</a>
<b>Who are you:</b>	Peter Heinz, Consultant Paediatrician, Arthy Sivakumar (GPVTS)
<b>Published date:</b>	August 2015
<b>Review due:</b>	