

Syncope and pre-syncope

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Rationale

Syncopal episodes, an abrupt and transient loss of consciousness followed by a rapid and usually complete recovery, are common. Pre-syncope refers to the prodromal state of syncope. Syncope can easily be confused with other symptoms (e.g. seizures) and is associated with a wide range of underlying conditions, both benign and serious. In a subset of patients, a diagnosis will not be found.

Causal Conditions

(list not exhaustive)

- Cardiovascular
 - a. Cardiac arrhythmia
 - b. Reduced cardiac output (e.g., aortic stenosis, myocardial infarction)
 - c. Reflex or underfilling (e.g., vasovagal, orthostatic)
- Cerebrovascular causes (e.g., carotid artery disease, transient ischemic attack)
- Other
 - a. Metabolic (e.g., hypoglycemia)
 - b. Drugs (e.g., anti-hypertensive medications)
 - c. Psychiatric (e.g., panic disorders)

Key Objectives

Given a patient with syncope or pre-syncope, the candidate will diagnose the cause, severity, and complications, and will initiate an appropriate management plan. In particular, it is important to differentiate syncope from seizure and identify patients with syncope due to serious underlying

disorders.

Enabling Objectives

Given a patient with syncope or pre-syncope, the candidate will

- list and interpret key clinical findings, including
 - a. a targeted history and physical examination directed towards establishing an underlying etiology;
- list and interpret key investigations supported by the history and physical examination, with particular attention to diagnosing disturbances of cardiac rhythm and function (e.g., electrocardiogram, echocardiogram)
- construct an effective initial management plan, including
 - a. medication management, if indicated;
 - b. evaluating the patient for fitness to drive or work;
 - c. counselling the patient who has had a syncope;
 - d. determining whether the patient requires specialized care and/or consultation.