

STARS

Syncope Trust And Reflex anoxic Seizures

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“Working together with individuals, families and medical professionals to offer support and information on Syncope”

Do you suffer from unexplained...



The Fainting **Check** list

take fainting  to heart

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The Fainting Checklist was prepared under the guidance of STARS' expert Medical Advisory Committee. Its principal aim is to help you and your healthcare provider reach the correct diagnosis for any unexplained loss of consciousness.

The Checklist gives you information and advice on the major reasons for losing consciousness, helps you prepare for a doctor's appointment, and provides information on what to expect if you have to attend a hospital appointment.

FAINTING: What you need to know?

HELPING YOU AND YOUR HEALTHCARE PROVIDER REACH THE CORRECT DIAGNOSIS

If someone loses consciousness for a few seconds or minutes, they are often said to have fainted.

✓ However, there are three MAJOR reasons why people may lose consciousness:

- Syncope: a sudden lack of blood supply to the brain. Syncope (pronounced sin-co-pee) is caused by a problem with the heart or by a problem in the regulation of blood pressure.
- Epilepsy: an electrical "short-circuiting" in the brain. Epileptic attacks are usually called seizures. Diagnosis of epilepsy is made by a neurologist.
- Psychogenic faints: resulting from stress or anxiety. Psychogenic faints occur most often in young adults and may be difficult to diagnose. Psychogenic does not mean that people are "making it up." However, there is often underlying stress due to extreme pressure at school or work.

✓ Every patient presenting with a fainting episode should consider getting a 12-lead EKG (heart rhythm check)

If there is uncertainty about diagnosis the EKG should be reviewed by a heart rhythm specialist.

✓ Most faints are caused by syncope

Many people, including doctors, assume that fainting episodes are due to epilepsy, but much more commonly they are due to syncope. Syncope can affect all age groups, but the causes vary with age, and in older adults multiple causes often exist. Up to 50 percent of the population will faint due to syncope during their lifetime. Epilepsy on the other hand, only affects slightly less than 1 percent of the population.

✓ Many syncopal episodes are mistaken for epilepsy

Research shows that approximately 30 percent of adults and up to 40 percent of children diagnosed with epilepsy do not have the condition. Many elements of a syncopal episode, such as random jerking of limbs, are similar to those experienced during an epileptic seizure. Diagnosis of epilepsy is made by a neurologist.

✓ Providing an accurate history is vital to a correct diagnosis

A correct diagnosis starts with gathering a history (information) about your fainting episodes. Complete the questions in the Preparing your own Checklist section to record your own history of your faints to take with you to your first consultation to share with your physician.

✓ Many syncope episodes only require reassurance and education from your primary care physician

In many cases, your primary health provider can determine that the fainting episode was not related to a serious health condition. Consultation with a specialist will be necessary, though, if the cause of the faints remains uncertain, if there are particularly concerning symptoms or there is a family history of a heart condition.

CHECKLIST: PREPARING FOR YOUR PRIMARY CARE PHYSICIAN VISITS

VISIT TO YOUR PRIMARY CARE PHYSICIAN

- Before visiting your primary care physician, it is important to write down what happens before, during and after a fainting episode, including any symptoms you may experience.
- Try to take along a family member or friend who has seen you faint to your appointment. If they can't accompany you, ask them to write down exactly what they saw in the Checklist or ask them how the physician can contact them if necessary. If they can video a fainting episode, this is often very helpful.
- Check with all relatives to establish if there is a family history of fainting and/or sudden or unexplained deaths.
- Check that both syncope and epilepsy have been considered. Ask for a referral to a syncope expert if possible, or to both a cardiologist and a neurologist if you are not sure that the diagnosis is accurate.
- Make detailed notes and take this checklist with you to your appointment.

QUESTIONS TO ASK YOUR PRIMARY CARE PHYSICIAN

During your physician appointment it can be hard to remember everything. Here are some suggestions of questions you may wish to ask:

- Can I still go to school or work while I am waiting to see the specialist?
- Can I go to the gym/play sports while I am waiting to see the specialist?
- Can I still drive while I am waiting to see the specialist?
- What is the likelihood that a diagnostic test will deliver a definitive result?
- What will the treatment involve? Do you think I will have to visit the hospital frequently or stay overnight?

CHECKLIST: PREPARING FOR YOUR SPECIALIST TESTS AT THE HOSPITAL

Following your appointment with your primary care physician you may be referred for some tests with a specialist to discover the cause of your fainting. The latest guidelines on the diagnosis of syncope state that patients suspected of having syncope should receive one of the following tests. Make sure you receive the right test based on the nature of your symptoms.

- ✓ Every patient experiencing a fainting episode should be given a 12-lead EKG. If there is uncertainty about diagnosis the EKG should be reviewed by a heart rhythm specialist (electrophysiologist).

✓ TESTS AIMED AT SYNCOPE:

- **Heart Monitor** – This is used to record heart rhythms while away from the hospital or to activate during an episode. A 24-hour/7 day heart rate monitor is very unlikely to identify any problems if you experience fainting episodes once a week or less, so do not hesitate to ask about other options.
- **Insertable Cardiac Monitor (ICM)** – This device should be used to monitor heart rhythms for months at a time, and can remain in place for up to 3 years.
- **Tilt Table Testing** – This procedure can be used to induce a syncopal/fainting episode while connected to heart and blood pressure monitors.

- **Lying and standing blood pressure recording** – Drops in blood pressure with changes in posture can cause dizziness, falls and fainting, particularly in older patients and those on blood pressure medication and water tablets.

✓ TESTS AIMED AT EPILEPTIC SEIZURES:

- **Electroencephalogram (EEG)** – This device is used for brain activity analysis to check for epilepsy. The EEG cannot be used to diagnose epilepsy, but it is helpful to neurologists to decide which type of epilepsy is occurring. The EEG is much less useful in people over the age of 35 years.
- **MRI or CT-scan** – These are not aimed at showing that someone has epilepsy, but are used to find out the cause when epilepsy is likely.

QUESTIONS TO ASK YOUR SPECIALIST

During your physician appointment it can be hard to remember everything. Here are some suggestions of questions you may wish to ask.

- ✓ Can I continue to drive?
- ✓ What is the likelihood that a diagnostic test will deliver a definitive result?
- ✓ If treatment is offered you may wish to ask if it will completely stop you from having fainting episodes. If no treatment is offered be sure to ask the best way to manage your condition.



Preparing your own CHECKLIST

Sometimes during a consultation it can be hard to remember everything. The checklist is designed for you to complete. If you have a friend or family member who has been with you during a blackout or fall, it may be useful to ask for their help in filling out parts of the form. This will help your primary care physician to refer you to the appropriate specialist and the consultant to whom you are referred to make the right diagnosis.

To give your primary care physician the best chance of making the right referral or diagnosis you should provide as many details as possible about your fainting episode.

Name: _____

1. List any medication(s) you are currently taking: _____

2. Do you experience fainting, falls or both? (Circle as appropriate)

- Fainting Falls Fainting and Falls

If you experience falls, are they unexplained or due to a slip or trip?

- Unexplained Slip or trip

3. Do you always lose consciousness? (Circle as appropriate)

- Yes No

How long are you unconscious for? _____

4. How frequent are your fainting episodes or falls? (Circle as appropriate)

- Daily Weekly Monthly
 Less frequently than every 4 weeks

5. Before a fainting episode or fall did you have any warning signs? (Circle as appropriate)

- Light-headedness Sweating Nausea
 Looking pale Palpitations Other (give details below)

6. Is there anything that triggers your fainting episode or fall?

(Circle as appropriate; if one trigger occurred at one time and another at another time, tick both)

- Pain or a fright Not eating Alcohol
 Lack of sleep Stressful situation Flashing lights
 Anxiety Going from sitting or lying to standing Standing for a long time
 Being very hot Exercise Other (give details below)

7. Describe what happens during your fainting episode or fall.

If you are not conscious or cannot remember ask someone who was with you at the time to describe what happened.

Your description _____

Friend or family description _____

Do your limbs move while you are unconscious? Do they jerk about randomly or rhythmically*

Randomly Rhythmically

Do your arms move around your head?*

Yes No

Do you know whether your eyes are opened or closed?*

Don't know Open Closed

If open, how do your eyes move? _____

8. After your fainting episode

Following your fainting episode or fall how long before you regained consciousness?* _____

After the fainting episode or fall are you confused on coming around? How long does the feeling last? _____

How do you feel after a fainting episode or fall? _____

Are your faints or falls affecting your daily activities or quality of life?

Yes No

* Denotes that you will need to ask someone who was with you during your faint

9. Family History

Is there a history of loss of consciousness in your family?

Yes No

If there is, who/what relation? _____

Have there been any reported sudden deaths in your family under the age of 55 years? Is the cause known? _____

Any other questions you would like to ask the doctor or specialist: _____