

Introduction

Sudden loss of consciousness may be physically and socially incapacitating. Uncertainty about the cause, and fear of an episode can influence social functioning. The Netherlands Fainting Assessment Trial (FAST) prospectively evaluates the diagnostic work-up of patients with syncope.

Within this study we evaluated the hypothesis that:

1. Quality of life (QOL) in syncopal patients is impaired in comparison to healthy individuals.
2. QOL is more impaired in women than in men.
3. QOL in the FAST study population is better than in the USA study population.

Methods

486 consecutive patients presenting to the Academic Medical Center with loss of consciousness were asked to complete: 1) the SF-36, a generic quality of life questionnaire and 2) the Syncope Dysfunction Scale (SDS), a previously validated disease specific questionnaire which assesses specific areas of impairment due to syncope, and fear and worry about syncopal spells.

Results

Response rate to the questionnaires was 81% (n=395). Characteristics of the patients are displayed in table 1. Results of the SF-36 and SDS are displayed in table 2 and 3.

Table 1: Characteristics of patients in Netherlands FAST: responders vs non-responders.

	Responders (n = 395)	Non-respond (n = 91)	P-value
Age (mean)	51.6 (18.7)	47.1 (18.6)	< .05
Male (%)	57.5 %	54.0%	NS
Duration syncopal problems (months; median)	18.0 (0-780)	6.0 (0-588)	< .01
Syncopal episodes (median)	3.0 (1-250)	2.0 (1-201)	< .05
Episodes last 12 months (median)	2.0 (1-150)	0.0 (1-51)	NS
Injury due to syncope (%)	34.7%	30.4%	NS



Table 2: Results of impairment domains of Syncope Dysfunction Scale (SDS): cross-national comparison.

	Netherlands (n = 395)	USA (n = 49)	P-value
Influence on (%)			
Daily life/ routine	51 %	71 %	< .01
Driving a vehicle	38 %	60 %	< .01
Amount of walking	25 %	42 %	< .05
Use of public transport	22 %	27 %	NS
Performing errands	30 %	43 %	NS
Physical activities	46 %	56 %	NS
Ability to work	46 %	37 %	NS
Relationship partner	25 %	28 %	NS
Relationship family	21 %	30 %	NS
Relationship friends	22 %	30 %	NS
Sexual functioning	23 %	30 %	NS
Impairment score (0-100; 0 = no impairment)	33.4 (33.5)	49 (39)	< .01
Syncope Dysfunction Score (0-100; 0 = no impairment)	37.1 (26.2)	50 (30)	< .01

Table 3: Results SF-36: comparison FAST-participants and normal Dutch population

	FAST (N = 395)	Normals (N = 1742)	P-value
Score 0-100; 100 = optimal			
Physical functioning	68 (28)	83 (22)	< .001
Role physical	44 (44)	76 (36)	< .001
Bodily pain	64 (28)	75 (23)	< .001
General health	54 (24)	71 (21)	< .001
Vitality	48 (26)	69 (19)	< .001
Social functioning	67 (29)	84 (22)	< .001
Role emotional	61 (44)	82 (33)	< .001
Mental health	66 (22)	77 (17)	< .001

Table 4: Sex-differences in QOL in FAST-participants.

	Men (N=227)	Women (N=168)	P-value
<i>Patient characteristics</i>			
Age (mean)	54.2 (17.2)	48.0 (20.0)	< .01
Duration syncopal complaints (months; median)	12 (0-780)	24 (0-780)	NS
Syncopal episodes (median)	3 (1-250)	4 (1-250)	< .01
Episodes last 12 months (median)	1 (1-150)	2 (1-150)	< .01
<i>Syncope Dysfunction Scale</i>			
Impairment score	30.7 (33.7)	37.0 (33.2)	NS
Fear/worry score	38.5 (28.1)	42.7 (27.7)	NS
SDS	34.7 (26.6)	40.4 (25.4)	< .05
<i>SF-36</i>			
PCS	44.8 (10.5)	41.4 (11.0)	< .01
MCS	43.6 (12.9)	42.4 (12.8)	NS

Conclusion

QOL is seriously affected in patients with syncope, more in women than in men. The impaired QOL in this group of patients justifies an intensive approach to diagnosis and treatment.

Supported by



Netherlands Heart Foundation

(Netherlands Heart Foundation Grant nr. NHS 99.181)

Syncope Unit, Academic Medical Center, Amsterdam, The Netherlands

Nynke van Dijk (n.vandijk@amc.uva.nl)