

Syncope causes falls in older people

This information sheet is designed for older adults who have been diagnosed with syncope. It provides information for individuals and their carers on the causes and management of syncope in older adults.



What is Syncope?

Syncope is the medical term for a blackout that is caused by a sudden lack of blood supply to the brain. This is very common, and occurs in roughly half of all people during their lifetime.

There are many causes of syncope but the most common is Reflex Syncope (also known as Neurally Mediated Syncope or Vasovagal Syncope).

Fainting may present with an individual gently collapsing to the ground, often after feeling dizzy and sweaty. It may be more complex when patients experience symptoms such as jerking of muscles or limbs and even incontinence, and some people may take a while to come around.

An older adult (65 years and over) is particularly prone to syncope. This is because older people are less able to deal with falls in blood pressure as the body's mechanisms slow over the years.

What can increase my chance of fainting as an older adult?

1. Chronic medical problems, including diabetes, congestive heart failure, coronary artery disease, strokes, mini strokes and Parkinson's disease.
2. Multiple medications, this may be due to part of their own action or how they affect one another.

Syncope causes falls

Though it is not widely known, syncope causes a significant amount of falls in older people. Syncope and falls are the most common reasons for older patients to attend Accident and Emergency.

One of the major concerns with syncope is the potential injury that may be caused.

Syncope is estimated to account for 10-20% of falls which cause injuries.

Syncope undetected

"I never realised that I was losing consciousness. Each time I found myself on the ground I thought I had tripped".

Mary, syncope patient

30% of patients aged 65 years and over who have experienced syncope will not be aware that they are losing consciousness, they instead will report that they have fallen. This is due to a brief loss of memory in the time just before losing consciousness (medically termed retrograde amnesia).

As a consequence, doctors may be likely to diagnose a mechanical fall and patients will not be investigated for the actual cause, such as low blood pressure, or an arrhythmia (irregular, too fast or too slow, heart rhythm). Unfortunately this may leave the loss of consciousness untreated.

Syncope misdiagnosed

"I have been absolutely consistent in my description of my symptoms but they kept sending me to the eye doctor. I have injured myself falling on so many occasions".

Mary, syncope patient



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There are many risk factors for falls in older adults with the result that syncope is often misdiagnosed. People are very aware of deteriorating eye sight or 'a knee giving way' in older age as causes, but syncope should also be investigated as a cause of falls.

It is recommended good practice that patients with recurrent unexplained falls should be referred to a syncope clinic.

Case study example

A 70 year old male was admitted to hospital following an unwitnessed fall, believed to be a mechanical fall, but was later revealed to be unexplained. The patient denied any loss of consciousness and had experienced five previous falls in the last 12 months.

Tilt testing, however, confirmed a diagnosis of Reflex Syncope (see Common causes and preventative advice on syncope in older people factsheet). After being given a preventative device, the patient experienced no further unexplained falls and regained confidence.

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Acknowledgements: STARS Medical Advisory Committee



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Registered Charity No. 1084898 ©STARS Published October 2009,
Reviewed March 2014, Planned Review Date March 2018.

