

Syncope Causes Falls in Older People

This sheet is designed for older adults who have been diagnosed with syncope. It provides information for individuals and their caregivers about 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 the world's population 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 calmly collapsing to the ground - often after feeling dizzy and sweaty. It may be more complex where patients experience symptoms such as jerking muscles or limbs, and even incontinence. Some people may take a while to regain consciousness.

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

Syncope causes falls

Though it is not widely known, syncope causes a significant number of falls in older people. Syncope and falls are the most common reasons for older patients to visit the emergency room.

One of the major concerns with syncope is the potential for injury.

Syncope is estimated to account for 10-20% of injury-causing falls.

Syncope undetected

"I never realized 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; instead they will report that they have fallen. This is due to a brief loss of memory 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.



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Syncope misdiagnosed

Case study example

"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

A 70 year-old male was hospitalized following an unwitnessed fall, believed to be a mechanical fall, that 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 of Syncope in Older People and Preventative Advice factsheet). After being given a preventative device, the patient experienced no further unexplained falls and regained confidence.

There are many risk factors for falls in older adults with the result that syncope is often misdiagnosed. People are very aware of deteriorating eyesight or 'a knee giving way' causing falls in older people, 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.

Approved by: STARS Medical Advisory Committee

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