

# STARS

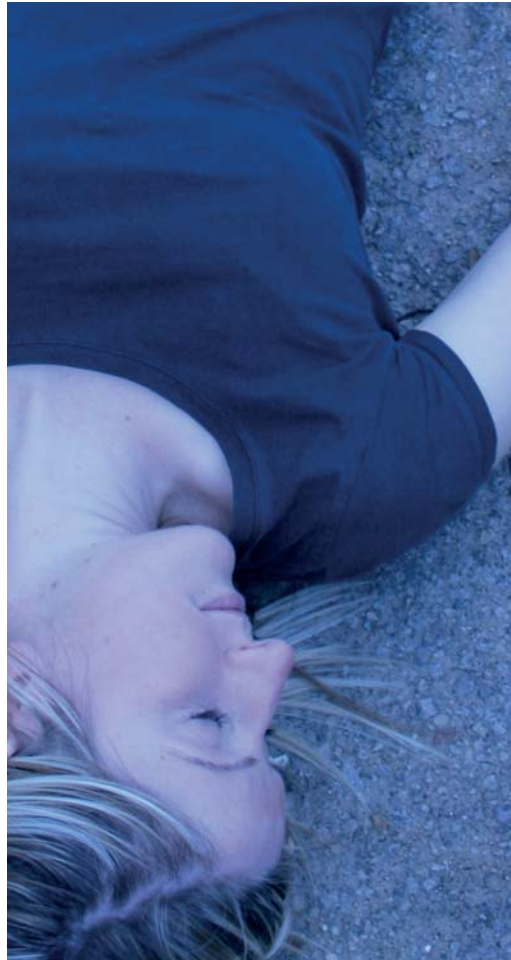
Syncope Trust And Reflex anoxic Seizures

[www.stars-us.org](http://www.stars-us.org)

## Take Fainting to Heart

*There is no such thing as a simple faint...*

# The Fainting Checklist



Working together with individuals, families and medical professionals to offer support and information on syncope and reflex anoxic seizures

[www.stars-international.org](http://www.stars-international.org)

Registered Non-Profit 501(c)(3)

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

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

## CHECKLIST: What do you need to know?

### ✓ Fainting is a temporary loss of consciousness

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

### ✓ There are three major reasons for why people may experience fainting:

- **Syncope: a sudden lack of blood supply to the brain.** Syncope is caused by a problem in the regulation of blood pressure or by a problem with the heart.
- **Epilepsy: an electrical "short-circuiting" in the brain.** Epileptic attacks are usually called seizures. Diagnosis of epilepsy is made by a neurologist.
- **Psychogenic blackouts: resulting from stress or anxiety.** Psychogenic blackouts occur most often in young adults. They may be very difficult to diagnose. "Psychogenic" does not mean that people are "putting it on". However there is often underlying stress due to extreme pressure at school or work. In exceptional cases it may be that some people have experienced ill treatment or abuse in childhood.

### ✓ Every patient presenting with an unexplained faint should be given a 12-lead EKG (heart rhythm check)

It is important that the EKG is passed as normal.

### ✓ Witness information is vital for the evaluation of fainting

Make sure a witness (family or friend) who has been with you during a faint or fall is present during any meeting with a doctor.

### ✓ Most unexplained faints are caused by syncope

But much more commonly they are due to syncope (pronounced sin-co-pee) – a type of fainting which is caused by a problem in the regulation of blood pressure or sometimes with the heart. Up to 50% of the population will lose consciousness at some point in their life due to syncope. Syncope can affect all age groups but the causes vary with age, and in older adults multiple causes often exist.

### ✓ Many syncopal attacks only require reassurance from your primary care physician

Many syncopal attacks require only explanation and reassurance from a primary care physician or trained nurse regarding the likely absence of anything being seriously wrong. Consultation with a specialist will be necessary, though, if the cause of the syncope remains uncertain or if there are particularly concerning symptoms or there is a family history of a heart condition. Also, if the fainting happens on several occasions, you may be referred to a specialist.

### ✓ Misdiagnosis is common but avoidable:

- Many syncopal attacks are mistaken for epilepsy.
- However, epilepsy only affects slightly less than 1% of the population.
- Many elements of a syncopal attack, such as random jerking of limbs, are similar to those experienced during an epileptic seizure.
- It can be difficult to tell the causes of the faint apart.

### ✓ Syncope causes falls:

- Syncope causes a significant number of falls in older adults, particularly where the falls are sudden and not obviously the result of a trip or slip.
- Many older adults will only recall a fall and will not realize they have fainted.
- Greater awareness of syncope as a cause of falls is key to effective treatment and prevention of recurring falls.

## Helping you and your doctor reach the correct diagnosis following unexplained loss of consciousness or falls

### CHECKLIST: Preparing for an appointment with your primary care physician

- Before visiting your doctor, it is important to write down what happens before, during and after a faint or fall, including any symptoms you may experience.
- Try to take along a family member or friend, who has seen your faint(s) or fall(s), to your appointment. If they cannot accompany you, ask them to write down exactly what they saw in the Checklist booklet or ask them how the doctor could contact them if necessary. If it is safe to video an attack, this is often very helpful in making a diagnosis.
- Family history; check with relatives whether there is any family history of blackouts, faints, epilepsy, or sudden/unexplained deaths. This is important as it can often provide a clue to the possible cause of your faints.
- If there are any questions you want to ask your doctor or specialist, make a note of them on the Checklist as it can be easy to forget to ask them during the consultation.
- Check that both syncope and epilepsy have been considered. Ask for a referral to a pediatrician (for a child) or a cardiologist/electrophysiologist (heart rhythm expert) if possible or, if you are unsure that the diagnosis is accurate, to both a cardiologist and neurologist.
- Make detailed notes – use the space later in the Checklist.
- Take the Checklist and your notes with you to your appointment.

### CHECKLIST: Questions to ask your primary care physician

During your appointment it can be hard to remember everything. Here are some suggestions of questions which you may find useful to ask during your appointment. There is a section on the Checklist for you to make a note of any questions for your physician.

- Can I still go to school, college 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 specialist tests at the hospital

- ✓ Following your appointment with the doctor you may be referred for some tests with a specialist to determine the cause of your fainting. Being prepared for these can significantly reduce the anxiety of a hospital visit. Try to learn about these in advance at [www.stars-us.org](http://www.stars-us.org) and go to the "For Patients" section of the website.

The latest guidelines on the diagnosis of syncope state that

- ✓ patients suspected of having syncope should receive one of the following tests. Make sure that you receive the right test based on the nature of your symptoms.

There are information sheets on the following diagnostic

- ✓ tests available from [www.stars-us.org](http://www.stars-us.org)

### Every patient presenting with an unexplained faint should be given a 12-lead EKG

- **12-lead electrocardiogram (EKG) for heart rhythm analysis** – Every patient presenting with an unexplained faint should be given a 12-lead electrocardiogram (EKG). If there is uncertainty about diagnosis the EKG should be reviewed by a heart rhythm specialist (electrophysiologist).

### Tests aimed at syncope:

- **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 medicines and diuretics (water tablets).

- **Heart monitor** – This is used to record heart rhythms while away from the a medial facility or to activate during an episode. A 24-hour/seven day heart rate monitor is very unlikely to identify any problems if you experience fainting once a week or less, so do not be afraid to ask about other options.
- **Insertable cardiac monitor (ICM)** – This device should be used to monitor heart rhythms for months at a time if the episodes are less frequent than every two weeks. The device can remain in place for up to three years.
- **Tilt table testing** – This procedure can be used to induce a syncopal/fainting attack while connected to heart and blood pressure monitors.

### Tests aimed at epileptic seizures:

- **Electroencephalogram (EEG)** – 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 happening. The EEG is much less useful over the age of 35 years.
- **MRI or CT-scan** – These are not aimed at showing that someone has epilepsy, but are used to seek the cause when epilepsy is likely, and look for more sinister causes of fainting and/or seizures.

## CHECKLIST: Questions to ask your primary care physician and specialist

During your primary care or specialist appointment it can be hard to remember everything. Here are some suggestions of questions which you may find useful to ask during your appointment. There is a section on the Checklist for you to make a note of any questions for your PCP/Specialist.

- ✓ 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 whether it will completely stop you having faints or falls. If no treatment is offered be sure to ask the best way to manage your condition.

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 (witness) who has been with you during a faint or fall, it is VITAL to ask for their help in filling out parts of the form. Please ensure your witness completes their sections of the Checklist. This will help your primary care physician to refer you to the appropriate specialist to make the right diagnosis.

## Preparing your own CHECKLIST

To give the doctors the best chance of making the right referral or diagnosis you should provide as many details as possible about your faint(s) or fall(s).

Name: .....

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

2. Do you experience fainting, falls or both? *(Check 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? Please ask a witness *(Check as appropriate)*

- Yes  No

How long are you unconscious? .....

4. How frequent are your faints or falls? *(Check as appropriate)*

- Daily  Weekly  Every one to two weeks  
 Less frequent than every two weeks

5. Before a faint or fall did you have any warning signs? *(Check as appropriate)*

- Light-headedness  Sweating  Nausea  
 Looking pale  Palpitations  Greying out or dots in vision  
 Change in hearing  Other (give details below)

6. Is there anything that triggers your faint or fall?

*(Check as appropriate; if one trigger occurred at one time and another at another time, check 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  
 Overheated  Exercise  Other (give details below)



**7. Describe what happens during your faint or fall. Please include whether your episodes are identical on each occasion or if there are differences.**

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

Your description .....

.....

.....

Friend or family description .....

.....

.....

**WITNESS:** Do the individual's limbs move while they are unconscious? Do they jerk about randomly or rhythmically?

Randomly  Rhythmically

**WITNESS:** Do the individual's arms move around their head?

Yes  No

**WITNESS:** Are the individual's eyes opened or closed?

Don't know  Open  Closed

If open, how do their eyes move? .....

.....

**8. After your faint**

**WITNESS:** Following the individual's faint or fall, how long before they regain consciousness?

.....

After the faint or fall are you confused while gaining consciousness? How long does the feeling last?

.....

How do you feel after a faint or fall?

.....

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

Yes  No

**9. Family history**

Is there a history of loss of consciousness in your family?  Yes  No

Is there a history of deafness in your family?  Yes  No

Has anyone suffered a sudden cardiac death in your family?  Yes  No

Have there been any sudden deaths in the family under 55 years?  Yes  No

Is the cause known? .....

If there is, who/what relation?
.....
.....
.....
.....

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

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