

HALF A DOZEN THINGS TO KNOW ABOUT TRANSIENT LOSS OF CONCIIOUSNESS (“BLACKOUTS”)

CEM SUMMARY OF NICE GUIDELINE CG109 (2010) <http://guidance.nice.org.uk/CG109>

1. Diagnose **uncomplicated faint** (vasovagal syncope) on the basis of the initial assessment when:
 - There are no features that suggest an alternative diagnosis (brief seizure activity can occur during uncomplicated faints and is not necessarily diagnostic of epilepsy) **and**
 - There are features suggestive of uncomplicated faint (the 3 “P”s) such as:
 - Posture** – prolonged standing, or similar episodes that have been prevented by lying down
 - Provoking factors** (such as pain or a medical procedure)
 - Prodromal symptoms** (such as sweating or feeling warm/hot before TLoC). **[1.1.4.3]**

Consider that the episode may not be related to epilepsy if any of the following features are present:

- Prodromal symptoms that on other occasions have been abolished by sitting or lying down
 - Sweating before the episode
 - Prolonged standing that appeared to precipitate the TLoC
 - Pallor during the episode.
2. Refer within 24 hours for specialist **cardiovascular assessment**, anyone with TLoC who also has any of the following: **[1.1.4.2]**
 - ECG abnormality **[1.1.2.2 and 1.1.2.3]**
 - Heart failure (history or physical signs)
 - TLoC during exertion
 - Family history of sudden cardiac death in people aged younger than 40 years and/or an inherited cardiac condition
 - New or unexplained breathlessness
 - A heart murmur.

Consider referring within 24 hours for cardiovascular assessment, as above, anyone aged older than 65 years who has experienced TLoC without prodromal symptoms. **[1.1.4.2]**

3. Refer people who present with one or more of the following features (features strongly **suggestive of epileptic seizures**) for an assessment by a specialist within 2 weeks (**NICE clinical guideline 20**):
 - A bitten tongue
 - Head-turning to one side during TLoC
 - No memory of abnormal behaviour that was witnessed before, during or after TLoC
 - Unusual posturing
 - Prolonged limb-jerking
 - Confusion following the event
 - Prodromal déjà vu, or jamais vu. **[1.2.2.1]**
4. For people with a **suspected cardiac arrhythmic** cause of syncope, offer an ambulatory ECG. Do not offer a tilt test as a first-line investigation. The type of ambulatory ECG offered should be chosen on the basis of the person’s history (and, in particular, frequency) of TLoC. **[1.3.2.4]**
5. For people with **suspected vasovagal syncope** with recurrent episodes of TLoC adversely affecting their quality of life, or representing a high risk of injury, consider a tilt test only to assess whether the syncope is accompanied by a severe cardioinhibitory response (usually asystole). **[1.3.2.6]**
6. For people who have experienced syncope **during exercise**, offer urgent (within 7 days) exercise testing, unless there is a possible contraindication (such as suspected aortic stenosis or hypertrophic cardiomyopathy requiring initial assessment by imaging). Advise patient to refrain from exercise until informed otherwise **[1.3.2.2]**