

Patient Information:

- ◆ **About Syncope**
- ◆ **Causes**
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Syncope

What College Students Need to Know About Losing Consciousness

Syncope is the medical term for passing out and is a common problem. 30% of the adult population will have at least 1 episode during their lives. A specific cause can be identified about half of the time during the initial evaluation, but many times a cause cannot be proven. The good news is that the most people have an excellent long-term outcome; however, those with heart disease as a cause may require more thorough testing, medications, and close follow-up with their physician(s).

Syncope occurs most commonly in the following populations:

- ◆ Those with known heart disease
- ◆ Older men
- ◆ Young women

Pre-syncopal symptoms (that occur before passing out) often include:

- ◆ Light-headedness
- ◆ Dizziness
- ◆ Feeling of warmth
- ◆ Sweating
- ◆ Nausea
- ◆ Visual blurring

There are many causes of syncope, but the three major categories are:

- ◆ Vasomotor (vasovagal or vasodepressor)
- ◆ Orthostatic (postural)
- ◆ Cardiogenic

Other causes not likely to occur in our VT population include carotid sinus hypersensitivity, situational (with cough, swallowing, urination, or defecation,) and glossopharyngeal neuralgia.

VASOMOTOR:

This type is often initiated by stress, pain, or claustrophobia. Included are situations where someone passes out every time he or she sees blood or a needle...a person may know if this issue relates to him/her from past experience. The person affected by vasomotor syncope may be nauseated, sweating, have a fast heart beat (or feel a stronger heart beat,) and have pale skin or lips before and/or shortly after passing out. A hot or crowded environment, alcohol,

fatigue, pain, hunger, prolonged standing, or emotional stress often contribute to this problem. A hot shower, especially if ill or on an empty stomach, can induce symptoms of pre-syncope or syncope in some people.

Usually one is standing or sitting when this syncope occurs. A few jerks of the arms or legs may occur immediately after a person loses consciousness and is not indicative of a seizure. Loss of bowel or bladder control does not occur here, but a person may have a weak pulse or a low blood pressure for a short time. A person wakes up within seconds or a few minutes of losing consciousness.

ORTHOSTATIC:

This type tends to occur in the elderly, those with diabetes or a nutritional deficiency, those suffering from a prolonged illness that requires spending long periods of time in bed, and in those who have a low blood volume, such as if severely dehydrated or bleeding steadily. Medications can cause this type of syncope, including diuretics (water pills) and certain heart or blood pressure medications. It is normal for people to feel mildly dizzy if they stand up quickly.

Nutritional deficiencies can occur in those with bulimia, anorexia, or very poor eating habits. If someone is throwing up intentionally, avoiding food, or experiencing a lot of stomach or bowel problems, a nutritional deficiency may be present and may require evaluation by a bowel specialist and/or a counselor.

CARDIOGENIC:

These episodes may be exertional or post-exertional (occurring with or after a physical activity.) If a heart-related cause of syncope is discovered, one may be asked not to drive or operate machinery for 1-6 months, until the problem can be stabilized.

ADDITIONAL CAUSES:

- ◆ Anxiety and hyperventilation can trigger a syncopal episode. A person may experience a feeling of impending doom, the inability to breathe well, heart palpitations (a stronger, faster, and/or irregular beat of the heart,) or tingling of the lips and fingers.
- ◆ Seizures can cause syncope. An aura is a visual change (such as seeing lights or patterns) or a sensory change (smelling a specific scent) that sometimes occurs before one passes out. There is a

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higher risk of injuring oneself here, and return to consciousness is much more gradual than with "regular" passing out. Urinary or bowel incontinence can happen, and there can be mental confusion or a headache after one regains consciousness.

- ◆ Severe low blood sugar (must be proven and not just suspected) or bleeding

What can I do?

Please come to the SHC or see another doctor to be evaluated as soon as possible. The doctor may want to do tests in the blood, urine, blood pressure checks, or an EKG. In cases where the cause is unclear, if severe injury has occurred, or especially if the episodes are recurrent, a referral to a specialist is appropriate. Avoid driving, climbing ladders, swimming alone, or operating machinery if you have not returned to "normal" until your safety can be assured.

If you witness someone who may be passing out, try to help him/her get to the floor before losing consciousness, if you can do so safely. Lying flat on the floor or on one's side are safer positions while one is unconscious or has just woken up than sitting or standing. Call "911" if unsure about the situation. If the person who has passed out refuses care, seek assistance from an RA or trusted advisor if you feel the person's life may be at-risk.