

CLINICIAN GUIDE:

THE SIX "P"s: CLINICAL DIAGNOSIS OF VAGALLY MEDIATED SYNCOPE

POSTURE	Patients with vagally mediated syncope should be standing at the time of the event. Rarely is seated posture enough of a stimulus to induce syncope.
PRODROME	There is a period of decreased cardiac output prior to syncope. Patients often feel warm and sweaty as well as dizzy. They commonly see spots in front of their eyes and/or tunnel vision-type loss of vision as cerebral blood flow diminishes. They often say they know something is going to happen to them.
PRECIPITATING FACTORS	Painful and/or anxiety provoking stimuli increase circulating catecholamines and sensitize the heart to this reflex. Common clinical scenarios seen in vagally mediated syncope include: peri-phlebotomy, post painful injury, post morning shower, and prolonged standing for a performance in a warm gym.
PALE	With the decrease in cerebral blood flow and cardiac output, the patients are almost uniformly noted to be pale if witnessed.
(lack of) PALPITATIONS	Most commonly vagally mediated syncope patients do not report any feeling of palpitations. The concern would be that an abnormal rhythm disturbance would be the cause of the syncopal event.
(lack of) POST ICTAL FINDINGS	After falling to the ground, the vagally mediated reflex abates and there is autotransfusion of venous pooling with the result of rapid recovery of blood pressure and cerebral perfusion. Patients are often unconscious for less than a minute and certainly less than 5 minutes. Since it is not an ictal event, the patients are not confused or disoriented afterwards. They are often tired and may complain of a headache and/or crampy abdominal pain. It often takes over 2 hours for them to completely return to normal.