

Top Ten Things to Know 2017 ACC/AHA/HRS Guideline for the Evaluation and Management of Patients with Syncope

1. The prevalence rates for syncope are reported to be as high as 41% with around 13.5% prevalence for recurrent episodes. However, estimates of syncope may be inaccurate or underestimated due to several factors including variable interpretation of symptoms, inaccurate data collection, and wrong diagnosis.
2. A detailed history and physical examination should be performed in patients with syncope. During the initial evaluation of patients with syncope a resting 12-lead ECG can provide information about the cause of syncope. When syncope is associated with a serious medical condition, hospital evaluation and treatment are recommended.
3. Conducting routine and comprehensive laboratory testing is not useful in the evaluation of patients with syncope. Routine neurological imaging and electroencephalography are not recommended in the routine evaluation of patients with syncope in the absence of focal neurologic findings.
4. Vasovagal syncope is the most common type. Patient education on the diagnosis and prognosis of vasovagal syncope is recommended.
5. The first line of treatment in patients with long QT syndrome and suspected arrhythmic syncope is beta blockers. Implantable cardioverter-defibrillator (ICD) can be implanted in these patients, or in those who are intolerant to beta blocker therapy. However, beta blockers are not beneficial in pediatric patients with vasovagal syncope.
6. Prior to resuming competitive sports, athletes with syncope should undergo cardiovascular assessment by an experienced care provider.
7. In patients with moderate or severe atherosclerotic coronary heart disease and unexplained syncope it is reasonable to conduct electrophysiological studies.
8. Referral for autonomic evaluation can be useful in selected patients with syncope and known or suspected neurodegenerative disease; referral to a specialist with expertise in ACHD can be beneficial in selected patients with adult congenital heart disease and syncope. For the assessment and management of older adults with syncope, a comprehensive approach in collaboration with an expert in geriatric care can be beneficial.
9. Recurrent syncope can result in reduced quality of life, which can be improved through effective diagnosis and treatment.
10. This syncope guideline explores both pediatric and adult patients with suspected syncope, and provides evidence based recommendations on the evaluation and management of syncope as a presenting symptom.

Shen W-K, Sheldon RS, Benditt DG, Cohen MI, Forman DE, Goldberger ZD, Grubb BP, Hamdan MH, Krahn AD, Link MS, Olshansky B, Raj SR, Sandhu RK, Sorajja D, Sun BC, Yancy CW. [2017 ACC/AHA/HRS guideline for the evaluation and management of patients with syncope: a report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines, and the Heart Rhythm Society](#) [published online ahead of print March 9, 2017]. *Circulation*. doi: 10.1161/CIR.0000000000000499.