

Apparent loss of consciousness can be a manifestation of psychiatric disorders such as generalized anxiety, panic disorders, major depression, and somatization disorder. These possibilities should be considered in individuals who faint frequently without prodromal symptoms. Such patients are rarely injured despite numerous falls. There are no clinically significant hemodynamic changes concurrent with these episodes. In contrast, transient loss of consciousness due to vasovagal syncope precipitated by fear, stress, anxiety, and emotional distress is accompanied by hypotension, bradycardia, or both.

INITIAL EVALUATION

The goals of the initial evaluation are to determine whether the transient loss of consciousness was due to syncope; to identify the cause; and to assess risk for future episodes and serious harm ([Table 21-1](#)). The initial evaluation should include a detailed history, thorough questioning of eyewitnesses, and a complete physical and neurologic examination. Blood pressure and heart rate should be measured in the supine position and after 3 min of standing to determine whether orthostatic hypotension is present. High-risk features on history include: the new onset of chest discomfort, abdominal pain, shortness of breath or headache; syncope during exertion or while supine; sudden onset of palpitations followed by syncope; severe coronary artery or structural heart disease.

High-risk features on examination include an unexplained systolic BP of <90 mmHg; suggestion of gastrointestinal hemorrhage; persistent bradycardia (<40 beats/min); and an undiagnosed systolic murmur.

An ECG should be performed if there is suspicion of syncope due to an arrhythmia or underlying cardiac disease. Relevant electrocardiographic abnormalities include bradyarrhythmias or tachyarrhythmias, AV block, acute myocardial ischemia, old myocardial infarction, long QT_c, and bundle branch block. This initial assessment will lead to the identification of a cause of syncope in ~50% of patients and also allows stratification of patients at risk for cardiac mortality.