Quality of life in patients with syncope

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What influences quality of life?

“quality of life is affected in a complex way by the person's physical health, psychological state, personal beliefs, social relationships and their relationship to salient features of their environment”
What is the problem?

• Syncope negatively influences the quality of life (QoL) of patients
• Although syncope is episodical, QoL is comparable with chronic diseases like: rheumatoid arthritis, chronic back pain and heart failure
• It not only affects mental stress but also impairs functional status
• Recurrences are associated with worse QoL
Quality of life is the most important outcome measure!
How do we measure quality of life?

- Many scales have been used to assess quality of life of patients with syncope
- Most scales measure generic health related QoL
- Syncope-specific QoL can be measured using the Syncope Functional Status questionnaire (SFSQ)
Fainting Assessment Study (FAST) I

- 468 patients with at least one episode of transient loss of consciousness were included
- Hospital wide (cardiology, internal medicine, neurology, emergency department)
- Quality of life was measured at baseline and after 1 year follow-up
- SF-36 and SFSQ were used to measure quality of life
- Diagnosis and treatment
FAST I: patient characteristics

- Number of patients 468
- Age 52
- Median 3 lifetime number of syncopal episodes
- Median 2 syncopal episodes last year
FAST I: Results

- Baseline generic QoL was worse than that of a Dutch reference population
- After 1 year follow-up
  - Generic QoL increased significantly
  - Syncope-specific QoL increased significantly
- Clinical effects were small but significant
- Mean impairment in 33% of daily activities!
FAST I: Results

Furthermore, associated with a poorer quality of life were:

• Female gender
• Comorbidities
• Shorter duration of complaints
• Presence of presyncopal episodes

• Patients with neurological conditions and psychogenic pseudosyncope had the worst quality of life and least improvement
Fainting Assessment Study II

- Tertiary Syncope Unit
- 90 minutes
- SF-12 and SFSQ
- Baseline and 1-1.5 year follow-up

Consult Syncope Unit

N=264

Quality of life before visit

History taking ECG Physical examination Autonomic testing Explication of diagnosis and treatment Additional testing 1-1.5y follow-up

Quality of life 12-18 months
Fainting Assessment Study II

Expert history taking

Autonomic testing

Explication and treatment
Fainting Assessment Study II: Patient characteristics

- Number of patients 264
- Age: 51 years
- Median 6 lifetime syncopal episodes
- Median 3 syncopal episodes last year
- The patients had seen a median of 6.5 specialists before
- The patients underwent a median of 11 (!) medical tests before
Generic quality of life results

- **Physical component**: Baseline < Reference population < 1 year
- **Mental component**: Baseline < Reference population < 1 year
Fainting Assessment Study II: results

- Disease-specific quality of life improved markedly, also with a large effect size and thus clinical improvement
Conclusions

• A tertiary syncope unit, with more time to see a patient, and expertise to diagnose and treat these patients, increases the quality of life of patients with syncope.

• Especially disease specific quality of life is increased by the syncope unit.

• Influence on generic quality of life is much less, and more research is needed to find the cause.

• Increasing the amount of specialized syncope units will increase the quality of life of patients with syncope and should thus be promoted.
References

• Van Dijk, N. et al. Quality of Life Within One Year Following Presentation After Transient Loss of Consciousness. Am J Cardiol 2007;100:672-676.
Generic quality of life per diagnosis

- Physical component
- Mental component

- Cardiac syncope
- Carotid sinus syndrome
- Vasovagal syncope
- Initial orthostatic hypotension
- Unexplained T-LOC
- Psychogenic syncope
- Orthostatic hypotension