

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 episodal, QoL is comparable with chronic diseases like: rheumathoid 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

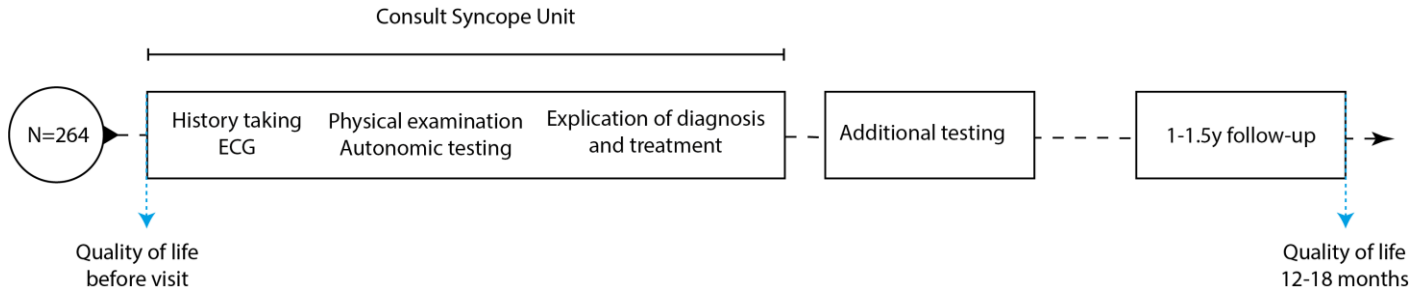
- Patients with neurological conditions and psychogenic pseudosyncope had the worst quality of life and least improvement





Fainting Assessment Study II

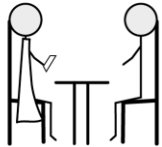
- Tertiary Syncope Unit
- 90 minutes
- SF-12 and SFSQ
- Baseline and 1-1.5 year follow-up



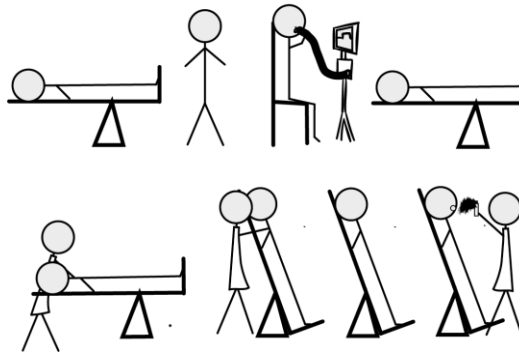


Fainting Assessment Study II

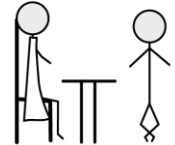
Expert history taking



Autonomic testing



Explication and treatment



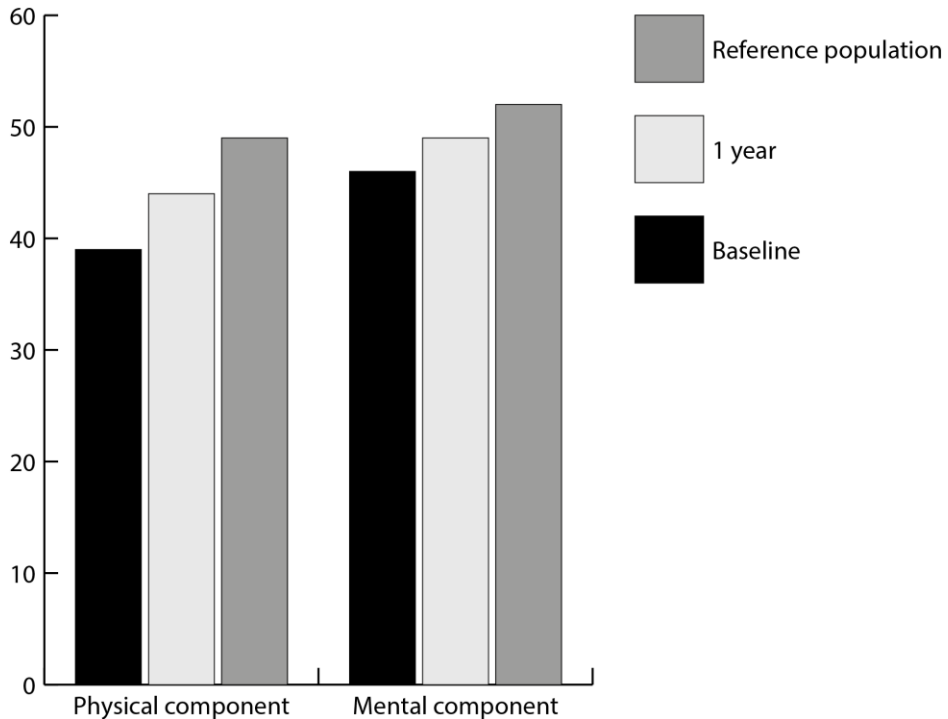


Fainting Assessment Study II: Patient characteristics

- 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



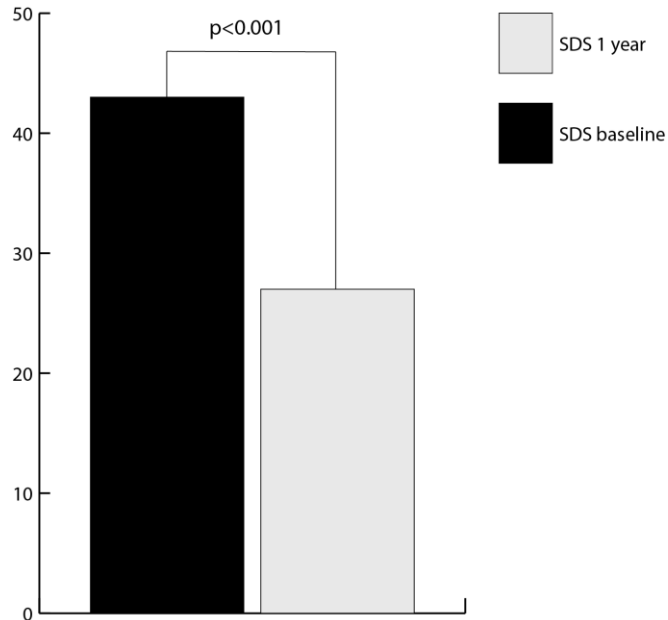
Generic quality of life results





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

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- Van Dijk, N. et al. Quality of Life in Patients with TLOC. *J Cardiovasc Electrophysiol* 2006;17:998-1003.
- Linzer et al. Impairment of Physical and Psychosocial Function in Recurrent Syncope. *J Clin Epidemiol* 1991;44:1037-43.
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Generic quality of life per diagnosis

