

SYNCOPE (FAINTING SPELLS)



What is syncope?

Syncope (commonly known as “fainting” or “passing out”) is a sudden loss of consciousness and body posture. Before losing consciousness, many people will feel nauseous, dizzy, lightheaded, and will experience tunnel vision or “blacked out” vision. Their skin may be pale, cool, or clammy. Occasionally, a person may have twitching or jerking of the limbs during syncope, which is often mistaken for an epileptic seizure. A person who has fainted will gradually resume consciousness after a minute or two, and will gradually return to normal. Syncope occurs in otherwise healthy, normal children.

What causes syncope? What triggers these events?

Vasovagal syncope is the most common cause of fainting in children and adolescents. This is when changes in the nervous system and blood vessels cause a temporary drop in blood pressure and decreased blood flow to the brain. Syncope is very rarely a sign of a neurological disease in children, although it can be a side effect of medications used to treat certain neurological conditions.

In teens, the most common triggers for fainting spells are environmental factors (such as heat, or a crowded or “stuffy” room), dehydration, exhaustion, emotional stress, pain, hyperventilation, low blood sugar, anemia, eating disorder, or pregnancy. Syncope can also occur with sudden position changes (such as standing suddenly) or after long periods of standing. In some rare cases, a heart problem can be the cause of syncope in children and young adults.

How will my child be evaluated?

Often, a medical history and physical exam is all that is needed to ensure that a child is safe and healthy after a fainting spell. However, your pediatrician or neurology provider may suggest further testing, especially if your child has had multiple episodes of syncope. Most commonly, an electrocardiogram (ECG) will be obtained to rule out any problems with heart rhythm. You may be referred to a cardiologist (a heart specialist) if there are any other heart problems suspected. If there is any concern that the spells may be caused by seizure, a test of brain waves (called an electroencephalogram, or EEG) may be obtained. Sometimes, blood work may be ordered to check for anemia, low blood sugar, infection,

or other medical problems. Brain imaging not usually needed.

What can I do to prevent syncope in my child?

To prevent vasovagal syncope, your child should increase their fluid and salt intake. This helps to increase blood volume and prevent low blood pressure. Also, it is important to identify and avoid triggers of syncope, such as dehydration, low blood sugar, stressful events, hyperventilation, or excessive fatigue. If you are concerned that a prescription medicine may be causing fainting spells, speak with your doctor.

Some children or teens will experience pre-syncope, which is the sensation of dizziness, nausea, or darkening vision that occurs before fainting. If your child begins to feel as if they will faint, they should lie down with their legs elevated, or sit down with their head between their legs. This will help blood flow to the brain and prevent syncope.

What should I do when my child faints?

Make sure your child is lying flat, with their feet elevated and loosen any tight clothing (such as collars, ties, or belts) around their neck or body. While generally syncope is not a medical emergency, you may need to call for medical assistance if you suspect the person has injured their head, neck, or back during the collapse. If you suspect neck or back injury, do not move the child until medical assistance arrives. You may also need to call 911 if the person does not regain consciousness after about a minute, or if they appear to have trouble breathing.

After your child regains consciousness, have them lie down for a bit longer, and gradually move from sitting to standing. People often continue to feel dizzy, weak, or nauseous after fainting, and moving slowly will help to avoid a second fainting spell. If there was no clear trigger or cause for the fainting spell, it is reasonable to call your doctor and ask their advice regarding care and evaluation of your child.

References and Resources

<http://www.ninds.nih.gov/disorders/syncope/syncope.htm>
http://www.heart.org/HEARTORG/Conditions/Arrhythmia/SymptomsDiagnosisMonitoringofArrhythmia/Syncope-Fainting_UCM_430006_Article.jsp
http://kidshealth.org/teen/sports_center/injuries/fainting.html#cat146

