SOCIETÀ ITALIANA DI GERONTOLOGIA E GERIATRIA

60 Congresso Nazionale SIGG

Napoli, Stazione Marittima 25-28 novembre 2015

60° CONGRESSO NAZIONALE

Simposio SIGG-GIMSI
IL GRUPPO ITALIANO MULTIDISCIPLINARE SINCOPE (GIMSI):
OLTRE UN DECENNIO DI COLLABORAZIONE

Introduzione

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Dipartimento di Scienze Mediche Traslazionali,
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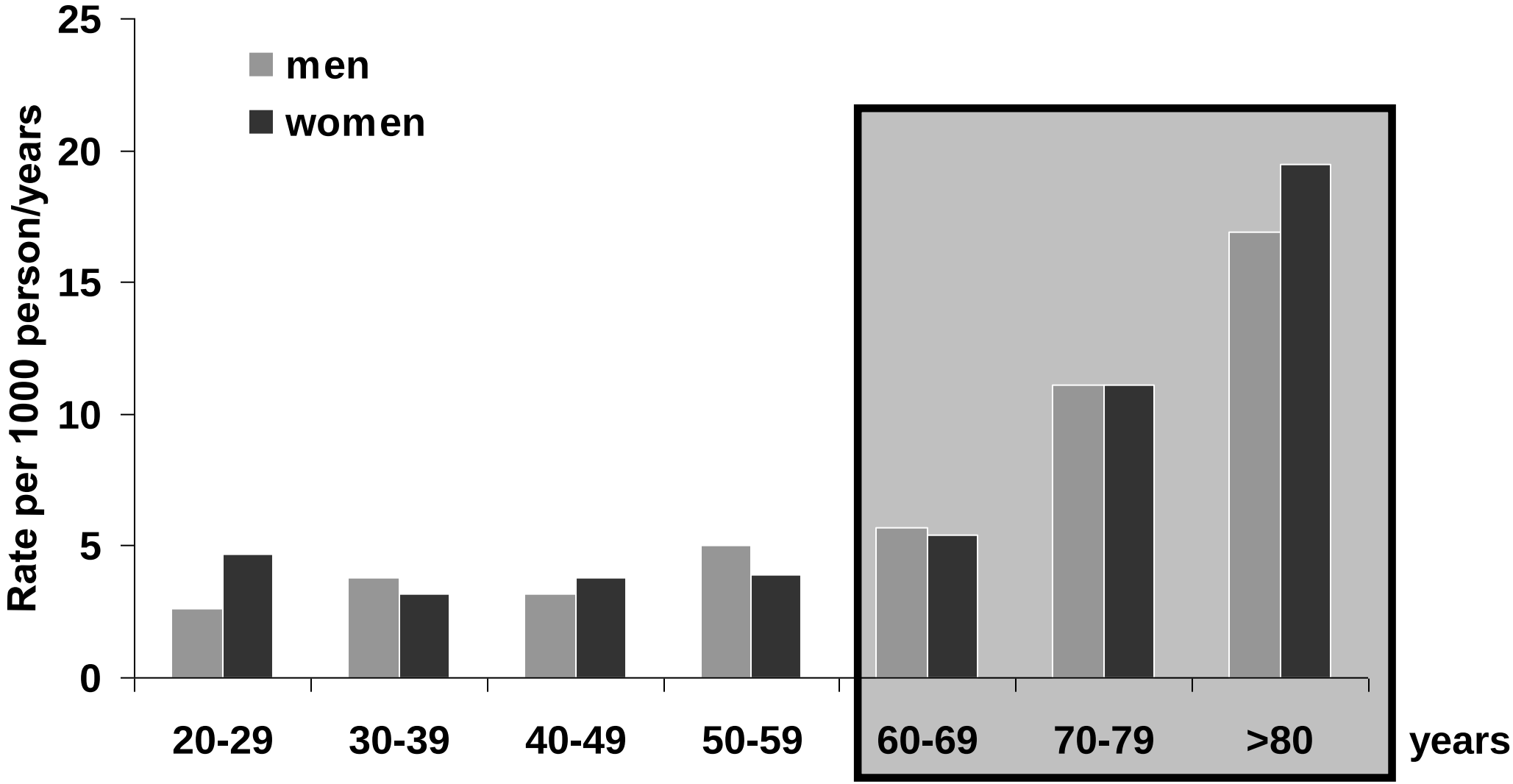
Syncope incidence
"Framingham Heart Study"



Soteriades ES et al., N Engl J Med 2002

Gruppo Italiano Sincope nell'anziano (GIS)
Società Italiana Gerontologia e Geriatria (SIGG)

CENTRI Studio Longitudinale

1. **FIRENZE**, Dipartimento di Area Critica Medico Chirurgica, Unità di Gerontologia e Geriatria, Università di Firenze e Azienda Ospedaliera Careggi

2. **MODENA**, Cattedra di Gerontologia e Geriatria

3. **FUCECCHIO**, U.O. Cardiologia

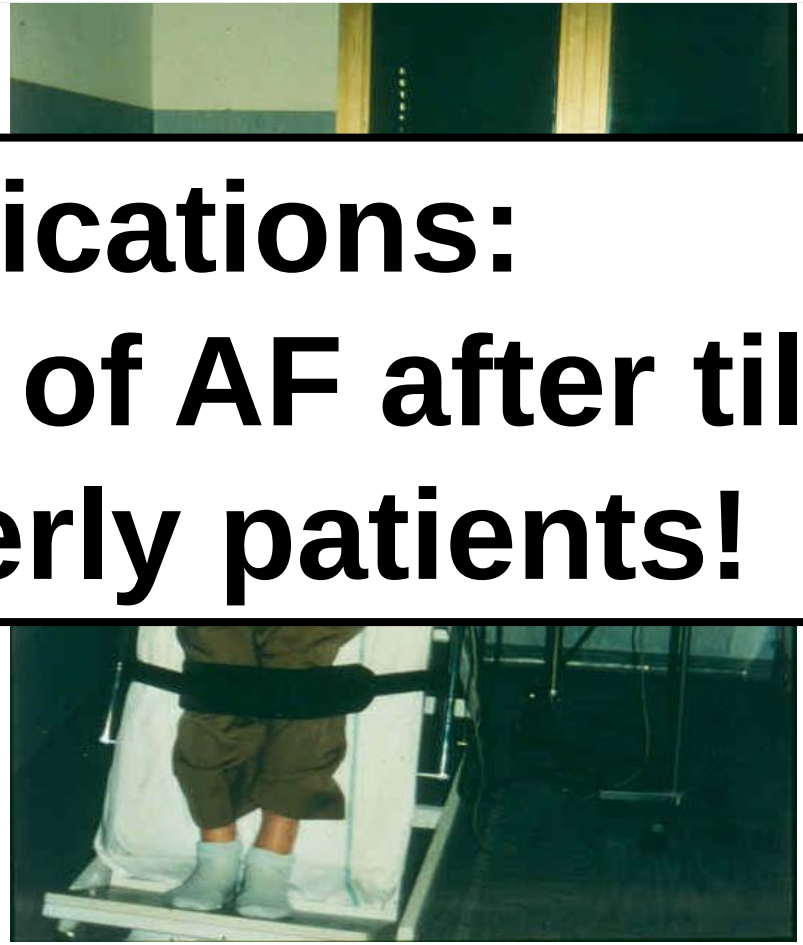
4. **TRENTO**, U.O. Geriatria, Ospedale Santa Chiara

5. **REGGIO EMILIA**, U.O. Geriatria, Arcispedale S.M. Nuova

6. **NAPOLI**, Cattedra di Geriatria, Università di Napoli Federico II

Usefulness and Safety of Shortened Head-Up Tilt Testing Potentiated with Sublingual Glyceryl Trinitrate in Older Patients with Recurrent Unexplained Syncope

Attilio Del Rosso, MD, Andrea Ungar, MD,† Paolo Bartoli, MD,* Tommaso Cellai, MD,† Chiara Mussi, MD,‡ Niccolò Marchionni, MD,† Giulio Masotti, MD† and The Gruppo Italiano di Studio della sincope dell'anziano*



The h
test w
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… is i
... and sensitive?
... and specific?

Complications:
Only 1 case of AF after tilt in 129 elderly patients!

Diagnosis and Characteristics of Syncope in Older Patients Referred to Geriatric Departments

Andrea Ungar, MD, PhD,[*†] *Chiara Mussi, MD, PhD,*[‡] *Attilio Del Rosso, MD,*[§] *Gabriele Noro, MD,*[‖] *Pasquale Abete, MD, PhD,*[¶] *Loredana Ghirelli, MD,*[#] *Tommaso Cellai, MD,*[*†] *Annalisa Landi, MD,*[*†] *Gianfranco Salvioli, MD,*[‡] *Franco Rengo, MD,*[¶] *Niccolò Marchionni, MD,*[*†] *and Giulio Masotti, MD,*[*†] *for the Italian Group for the Study of Syncope in the Elderly*

JAGS 54:1531–1536, 2006

GIS - Clinical findings

	Whole series (n=231)	65-75 years (n=71)	> 75 years (n=160)	p
Male/Female (n)	98/133	30/41	68/92	/
Range	65-98	65-75	76-98	/
Drugs (n)				<0,001
Syncope (n)				ns
Falls (n,%)				0,005
Fracture (n, %)	26 (11)	9 (17)	17 (18)	ns
Symptoms (n)	1,9±1,8	2,1±2,1	1,7±1,7	ns
Comorbidity (CIRS, n)	7,2±3,5	6,2±3,3	7,6±3,4	0,003
ADL	0,7±1,2	0,4±0,8	0,8±1,3	0,03
IADL	1,9±3,0	0,8±2,1	2,4±3,3	0,001
MMSE	26,7±4,0	28,3±2,8	26,0±4,3	<0,001
GDS	3,9±3,7	3,8±4,1	3,9±3,5	ns

Frail elderly !

Ungar A et al., JAGS 2006

GIS - Cause of syncope stratified for age

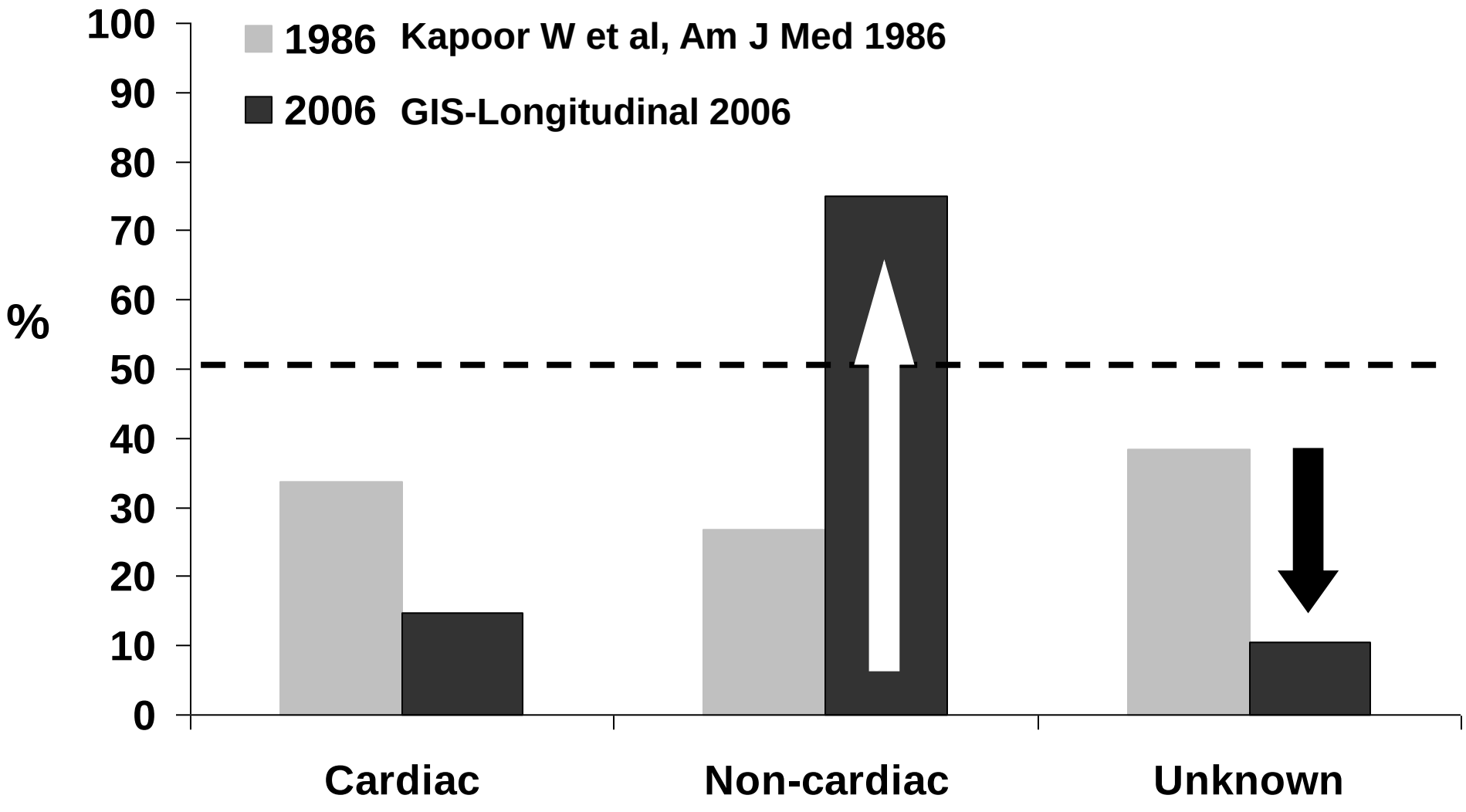
	All (n=231)	65-75 years (n=71)	> 75 years (n=160)	p
Cardiac				ns
Neuroreflex				<0,001
Orthostatic				<0,001
Iatrogenic	11 (4.8)	3 (4.2)	8 (5)	ns
Multifactorial	8 (3.5)	3 (4.2)	5 (3.1)	ns
Unknown	**24 (10.4)**	**10 (14.1)**	**14 (8.8)**	ns

Neuro-mediated

66% !

Ungar A et al., JAGS 2006

Cause of syncope in 1986 and in 2006



Age and Ageing 2011; **40:** 696–702
doi: 10.1093/ageing/afr109
Published electronically 9 September 2011

Two-year morbidity and mortality in elderly patients with syncope

Andrea Ungar[1,2], Gianluigi Galizia[3], Alessandro Morrione[1,2], Chiara Mussi[4], Gabriele Noro[5], Loredana Ghirelli[6], Giulio Masotti[1,2], Franco Rengo[3], Niccolò Marchionni[1,2], Pasquale Abete[3]

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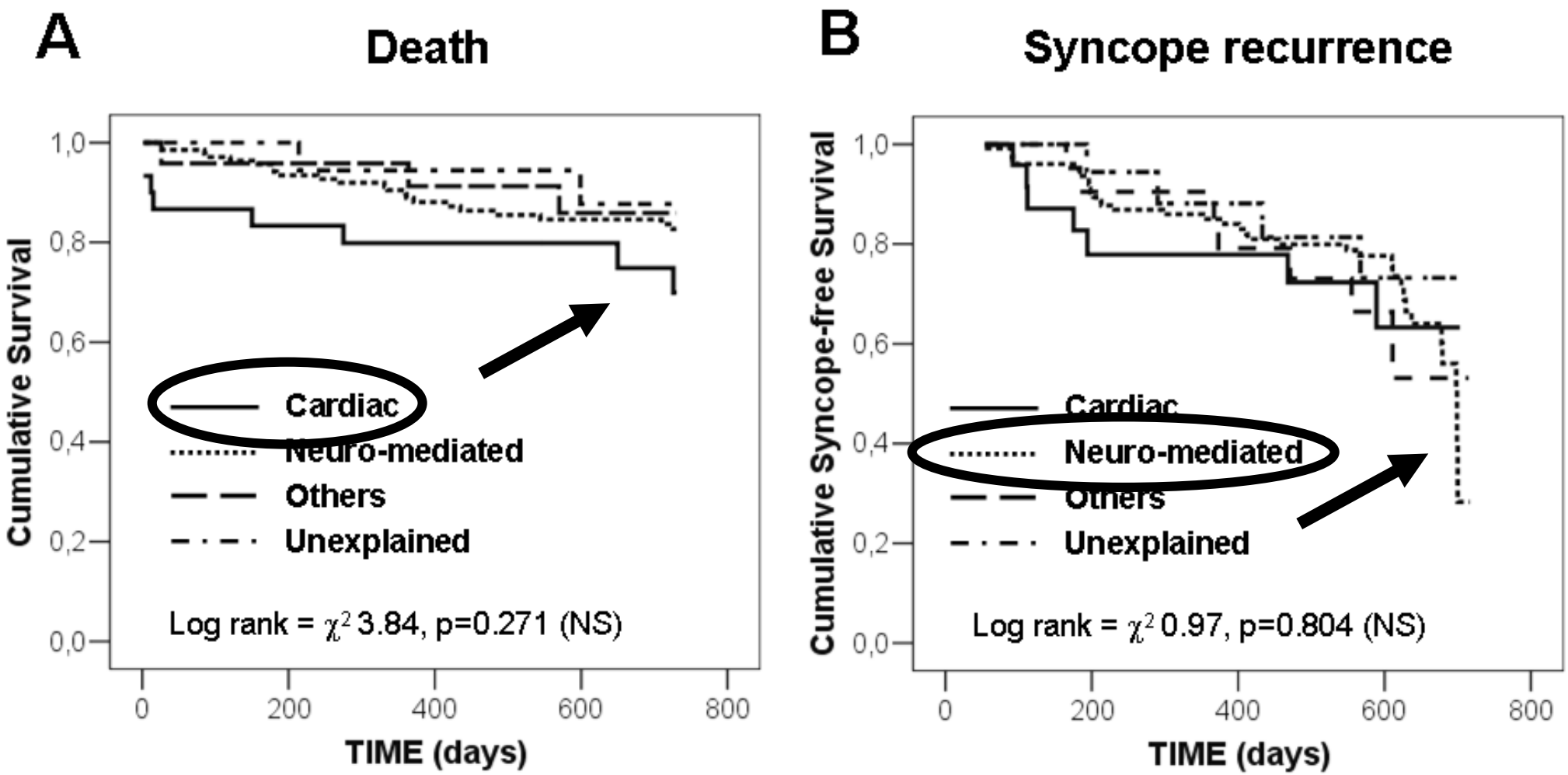
GIS - Mortality and syncope recurrence

stratified for cause



Ungar A et al., Age & Ageing 2011

Role of Early Symptoms in Assessment of Syncope in Elderly People: Results from the Italian Group for the Study of Syncope in the Elderly

Gianluigi Galizia, MD, Pasquale Abete, MD, PhD,* Chiara Mussi, MD,† Gabriele Noro, MD,‡ Alessandro Morrione, MD,§ Assunta Langellotto, MD,* Annalisa Landi, MD,§ Francesco Cacciatore, MD, PhD,‖ Giulio Masotti, MD,§ Franco Rengo, MD,*‖ Niccolò Marchionni, MD,§ and Andrea Ungar, MD§*

OBJECTIVES: To assess the ability of specific early symptoms to predict cardiac and noncardiac syncope in elderly people.

DESIGN: Multicenter cross-sectional observational study.

SETTING: Inpatient geriatric acute care departments and outpatient clinics.

PARTICIPANTS: Two hundred forty-two patients with syncope (mean age 79 ± 8) consecutively referred for evaluation of transient loss of consciousness to any of six clinical centers participating in the Italian Group for the Study of Syncope in the Elderly (GIS Study).

MEASUREMENTS: All patients were assessed according to European Society of Cardiology Syncope guidelines and interviewed about symptoms and signs present before syncope.

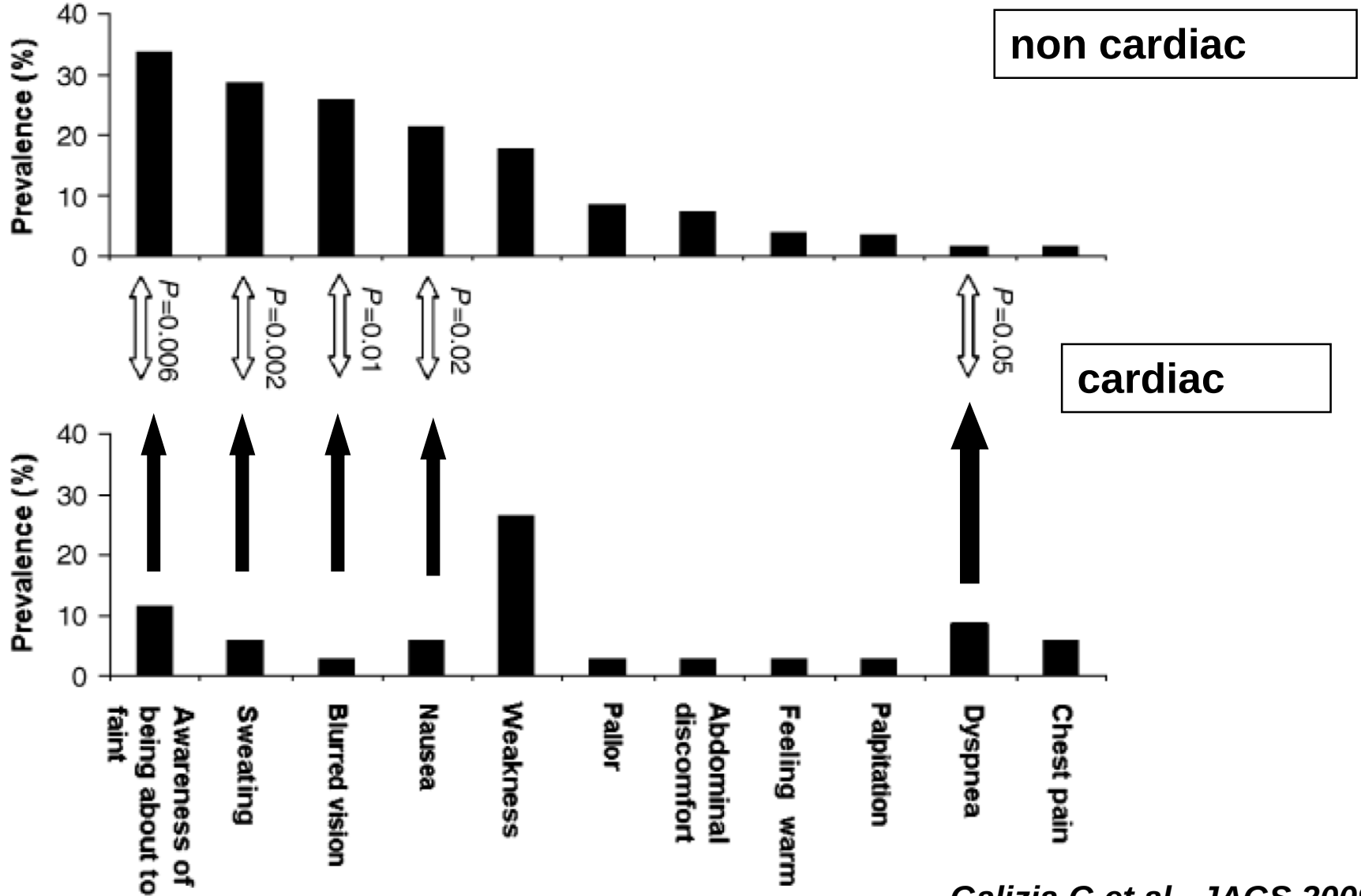
RESULTS: One hundred seventy-four of 242 patients (75.4%) had noncardiac syncope, and 34 (14.7%) had cardiac syncope; 165 patients (71.1%) related symptoms before the loss of consciousness. When elderly patients with syncope were stratified for the presence and absence of symptoms, noncardiac syncope showed the highest prevalence of symptoms (75.3%, $P<.01$). Awareness of being about to faint, sweating, blurred vision, and nausea are more prevalent in noncardiac syncope. Dyspnea is more prevalent in cardiac syncope. All symptoms except awareness of being about to faint and weakness had good specificity, but sensitivity was low for all symptoms considered. Multivariate regression analysis adjusted for sex and age indicated that nausea (relative risk (RR) = 3.7, 95% confidence interval (CI) = 1.26–11.2), blurred vision (RR = 3.5, 95% CI = 1.34–9.59), and sweating (RR = 2.8, 95% CI = .21–6.89) were predictive of noncardiac syncope. Dyspnea (RR = 5.5, 95% CI = 1.0–30.2) was the only symptom predictive of cardiac syncope.

CONCLUSION: The data show that symptoms such as nausea, blurred vision, and sweating are predictive of noncardiac syncope, whereas only dyspnea is predictive of cardiac syncope in elderly people. **J Am Geriatr Soc 57:18–23, 2009.**

Key words: syncope; early symptoms; cardiac; noncardiac

As previously reported, the prognosis of syncope is closely related to its etiology.[1] Undiagnosed cardiac syncope shows worse prognosis than all other kinds of syncope.[1,2] A detailed history at first assessment of patients

Prevalence of syncope and prodromic symptoms stratified for cause



Galizia G et al., JAGS 2009

LETTERS TO THE EDITOR

Paul Drinka, MD
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Madison, Wisconsin
Medical College of Wisconsin
Milwaukee, Wisconsin

Risk of permanent brain injury during syncope

A person suffering from "shock" and hypotension should immediately ***be laid flat on the floor*** or horizontal to improve blood flow to the brain.

It has been my experience that those who ***encounter an unconscious individual slumped in a chair*** with continued respiration; a weak, thready pulse; and hypotension may ***delay laying the person flat.***

A delay is especially likely in a nursing home if a resident is sitting in a wheelchair off his or her nursing unit.

JAGS, 2009

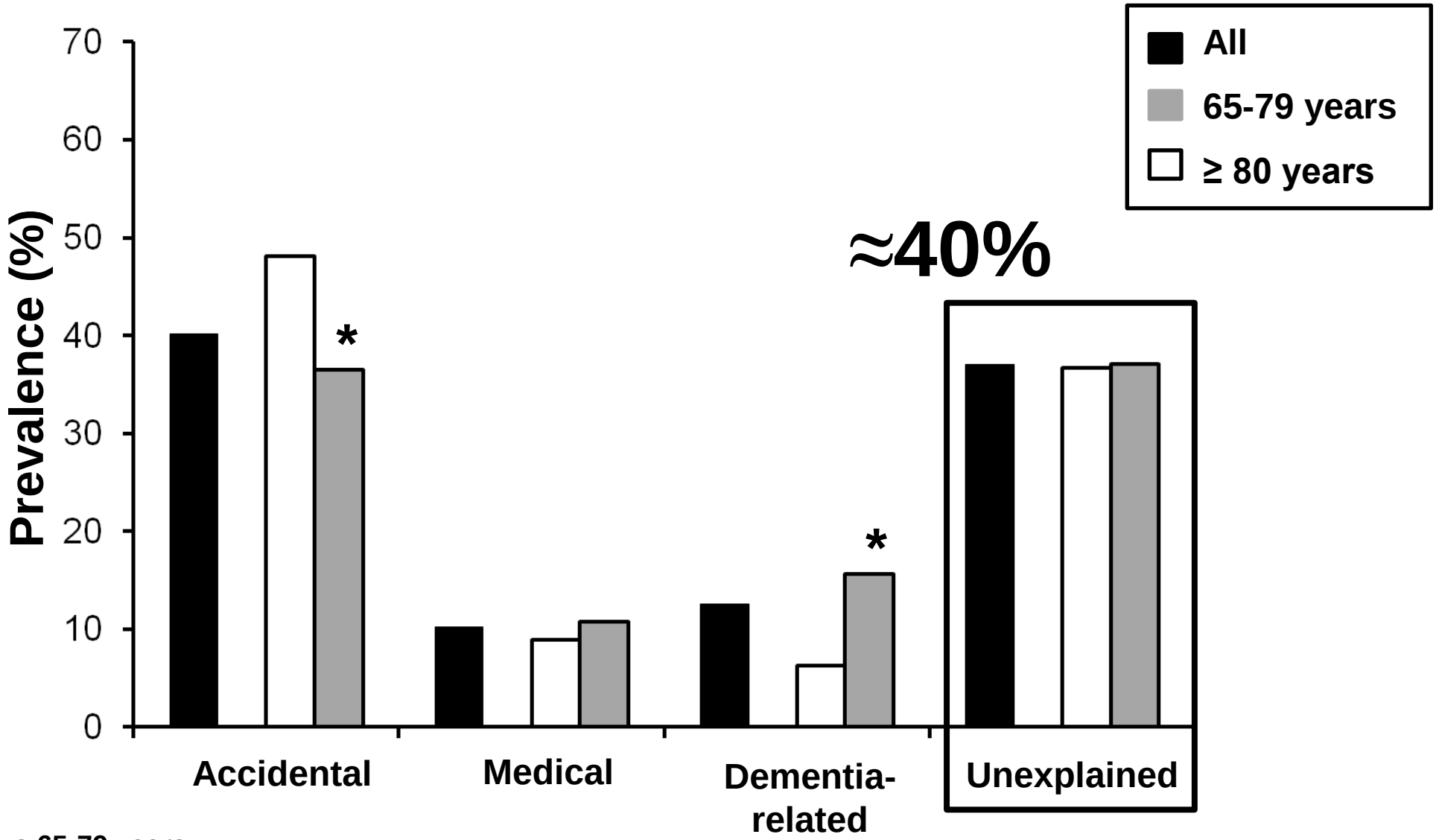
Hindawi Publishing Corporation
Current Gerontology and Geriatrics Research
Volume 2013, Article ID 928603, 6 pages
http://dx.doi.org/10.1155/2013/928603

Research Article

Unexplained Falls Are Frequent in Patients with Fall-Related Injury Admitted to Orthopaedic Wards: The UFO Study (Unexplained Falls in Older Patients)

Mussi Chiara,[1] Galizia Gianluigi,[2] Abete Pasquale,[2] Morrione Alessandro,[3] Maraviglia Alice,[3] Noro Gabriele,[4] Cavagnaro Paolo,[5] Ghirelli Loredana,[6] Tava Giovanni,[4] Rengo Franco,[2] Masotti Giulio,[3] Salvioli Gianfranco,[1] Marchionni Niccolò,[3] and Ungar Andrea[3]

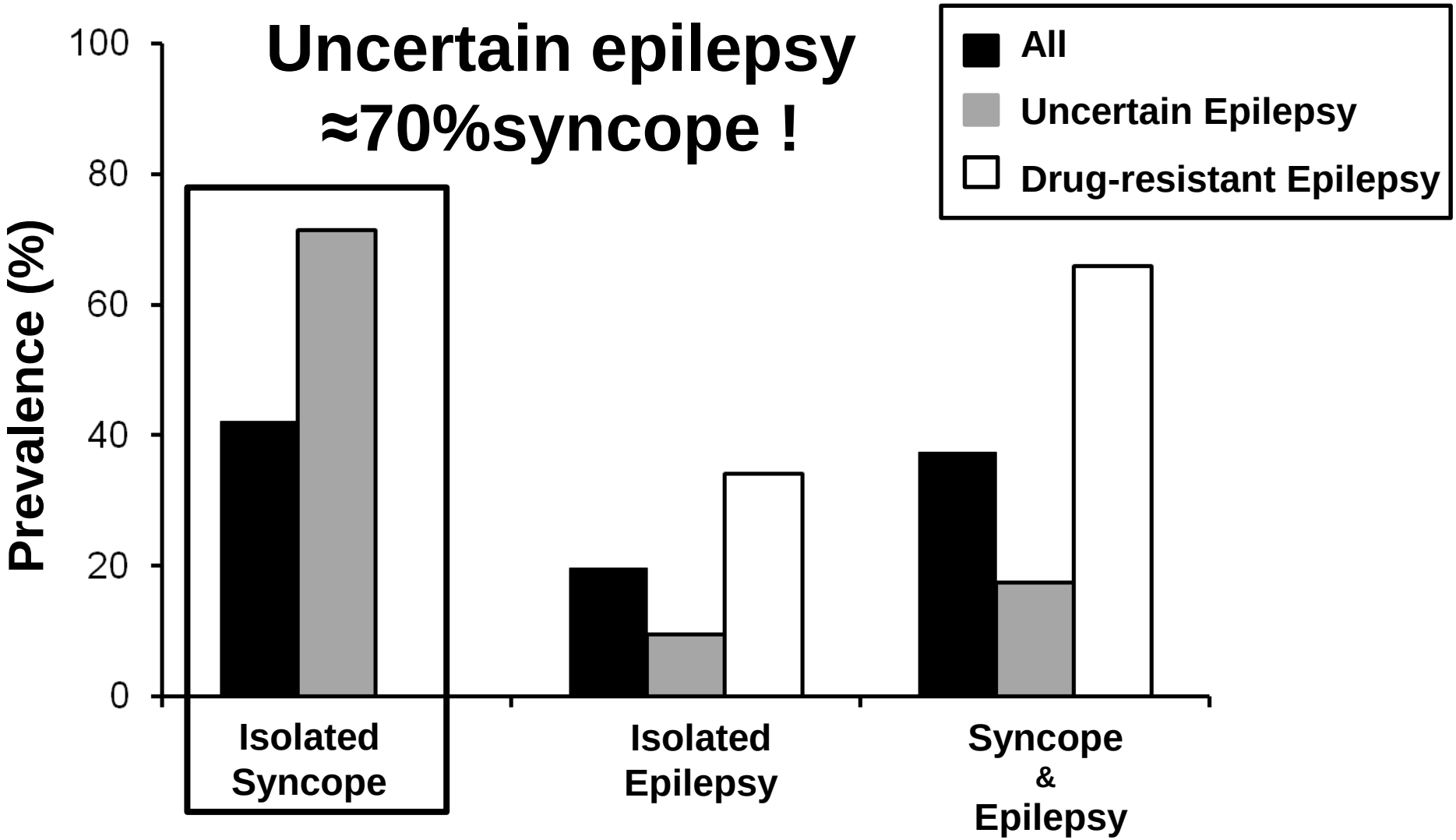
UFO – Different fall type



*p<0.01 vs 65-79 years

Mussi C et al., Curr Ger Geriatric Res 2013

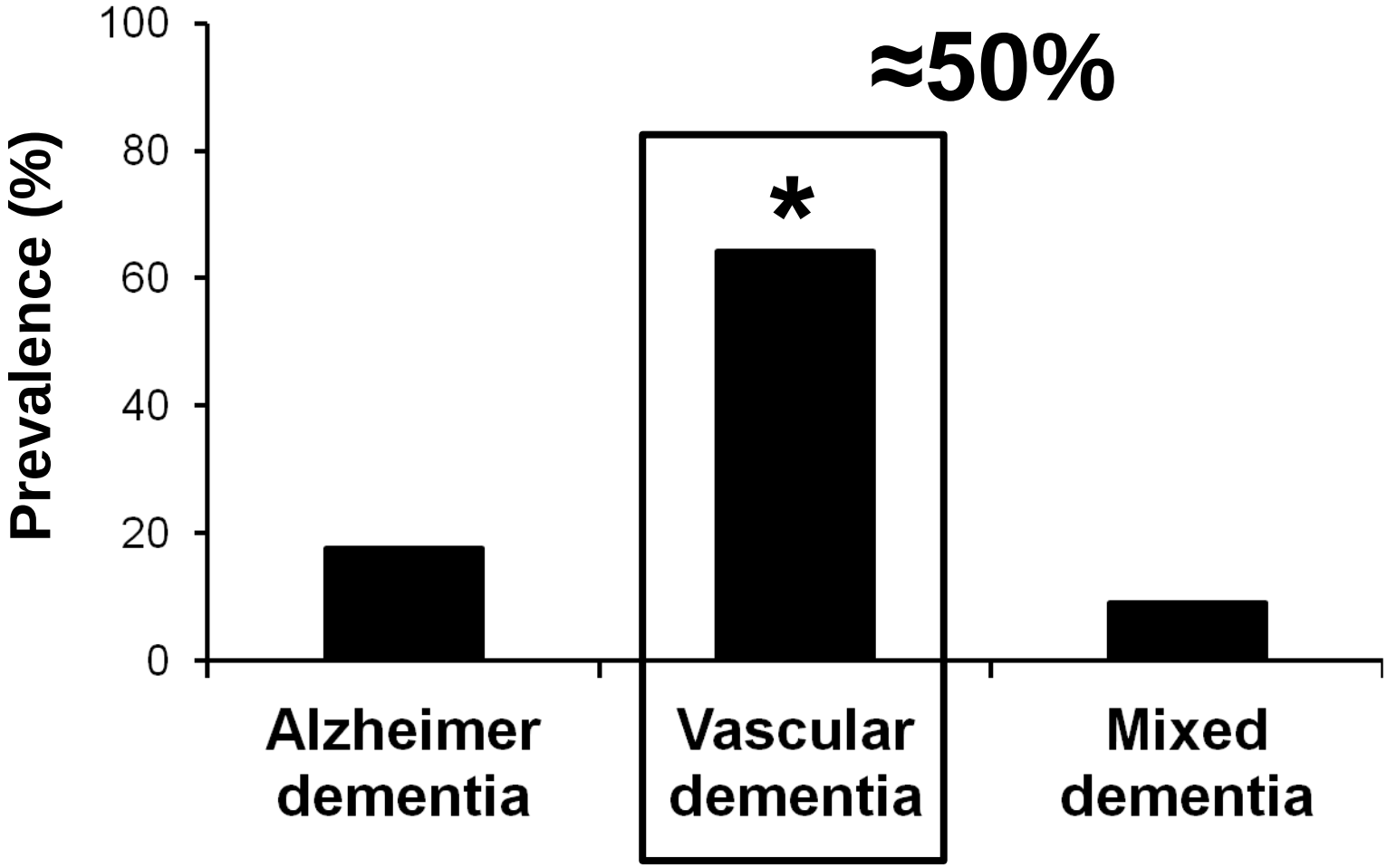
Syncope and Epilepsy often coexist .
"Overlap between Epilepsy and SYncope Study" (OESYS)



Ungar A et al., EJCI submitted 2015

Syncope and unexplained falls in older patients with dementia.

Syncope and Dementia registry – SYD



***p<0.01 vs alzheimer and Mixed dementia**

Ungar A et al., JAGS submitted 2015

Gruppo Italiano Multidisciplinare per lo Studio della Sincope

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