Fainting

ainting, also known by the medical term **syncope**, is the temporary loss of consciousness, often accompanied by falling down or a strong urge to lie down, followed by spontaneous recovery. The most common reason for fainting is a temporary decrease in blood flow to the brain. Except for the risk of physical injury from falling, fainting itself is often not a serious health problem. However, sometimes fainting can be a sign of a serious underlying disorder, so determining the cause is important. The September 8, 2004, issue of *JAMA* includes an article about fainting after exercise.



- Emotional stress
- Drop in blood pressure due to change in position or blood loss
- Heat or dehydration
- Arrhythmias (abnormal heart rhythms)
- Heart abnormalities
- An oversensitive region in an artery in the neck called the carotid artery
- Blood clots in the lung

COMMON SYMPTOMS JUST BEFORE SYNCOPE

- Warmth
- Nausea
- Field of vision either whites out or blacks out
- Dizziness, lightheadedness
- Sweaty palms

DIAGNOSING CAUSES OF SYNCOPE

A physical examination and a careful history of what happens just before and during fainting are very important in determining the cause. Individuals who faint often should be tested for abnormal heart rhythms using an **electrocardiogram** (ECG), a machine that records the electrical impulses of the heart. They generally should also be evaluated with an **echocardiogram** (ultrasound of the heart) to see if there are abnormalities in the heart muscle or valves. In some cases, other tests may be performed, such as a **Holter monitor** (a 24-hour recording of the heart rhythm) or a **tilt test**, in which blood pressure and heart rate are measured while the person is lying down on a table and again after the patient stands up or the table is tilted upright.

TREATMENT

Treatment for fainting depends on its underlying cause. If no serious cause is found, the only interventions that may be necessary are avoiding situations that lead to fainting and protection from injury from falling. If a more serious cause is found, treatment is directed at the responsible condition.



- National Heart, Lung, and Blood Institute 301/592-8573 www.nhlbi.nih.gov
- National Institute of Neurological Disorders and Stroke 800/352-9424 www.ninds.nih.gov

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To find this and other JAMA Patient Pages, go to the Patient Page link on JAMA's Web site at www.jama.com. A Patient Page on electrocardiograms was published in the April 23, 2003, issue.

Sources: National Heart, Lung, and Blood Institute; National Institute of Neurological Disorders and Stroke; American Heart Association; Centers for Disease Control and Prevention

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