AcEMC
Academy of Emergency Medicine and Care

GIMSI
Gruppo Italiano Multidisciplinare per lo Studio della Sincope

SINCOPE 2019

ROMA
7 - 8 FEBBRAIO
Università La Sapienza
Policlinico Umberto I
I Clinica Medica

9° Convegno di formazione teorico - pratico multidisciplinare: La sincope e le perdite transitorie di coscienza di sospetta natura sincopale

Gruppo Italiano Multidisciplinare per lo Studio della Sincope

Psychogenic PseudoSyncope (PPS)

Simone Cencetti

Syncope Unit, Ospedale Piero Palagi - Firenze

www.gimsi.it

ESC European Society of Cardiology
European Heart Journal (2018) 00, 1–69
doi:10.1093/eurheartj/ehy037
ESC GUIDELINES

2018 ESC Guidelines for the diagnosis and management of syncope

The Task Force for the diagnosis and management of syncope of the European Society of Cardiology (ESC)

Developed with the special contribution of the European Heart Rhythm Association (EHRA)

Endorsed by: European Academy of Neurology (EAN), European Federation of Autonomic Societies (EFAS), European Federation of Internal Medicine (EFIM), European Union Geriatric Medicine Society (EUGMS), European Society of Emergency Medicine (EuSEM)

7. Psychogenic transient loss of consciousness and its evaluation

In psychogenic TLOC there is no gross somatic brain dysfunction, but the attacks fulfil the criteria for TLOC

…in PPS, BP and HR are normal or high rather than low, and the EEG is normal instead of showing the slowing or flattening typical of syncope;…

…but PPS is probably insufficiently recognized.


ESC European Society of Cardiology
European Heart Journal (2018) 00, 1–69
doi:10.1093/eurheartj/ehy037
ESC GUIDELINES

2018 ESC Guidelines for the diagnosis and management of syncope

The Task Force for the diagnosis and management of syncope of the European Society of Cardiology (ESC)

Developed with the special contribution of the European Heart Rhythm Association (EHRA)

Endorsed by: European Academy of Neurology (EAN), European Federation of Autonomic Societies (EFAS), European Federation of Internal Medicine (EFIM), European Union Geriatric Medicine Society (EUGMS), European Society of Emergency Medicine (EuSEM)

TLOC is defined as a state of real or apparent LOC with loss of awareness, characterized by amnesia for the period of unconsciousness, abnormal motor control, loss of responsiveness, and a short duration.

ARTICLES

Tilt-induced vasovagal syncope and psychogenic pseudosyncope

Overlapping clinical entities

Helene Blad, MD*
Robert Jan Lamberts, PhD*
J. Gert van Dijk, PhD
Roland D. Thijs, PhD

Correspondence to Dr. Thijs: rthijs@sein.nl

ABSTRACT

Objective: To describe the combination of tilt-induced vasovagal syncope (VVS) and psychogenic pseudosyncope (PPS) and aid its clinical recognition.

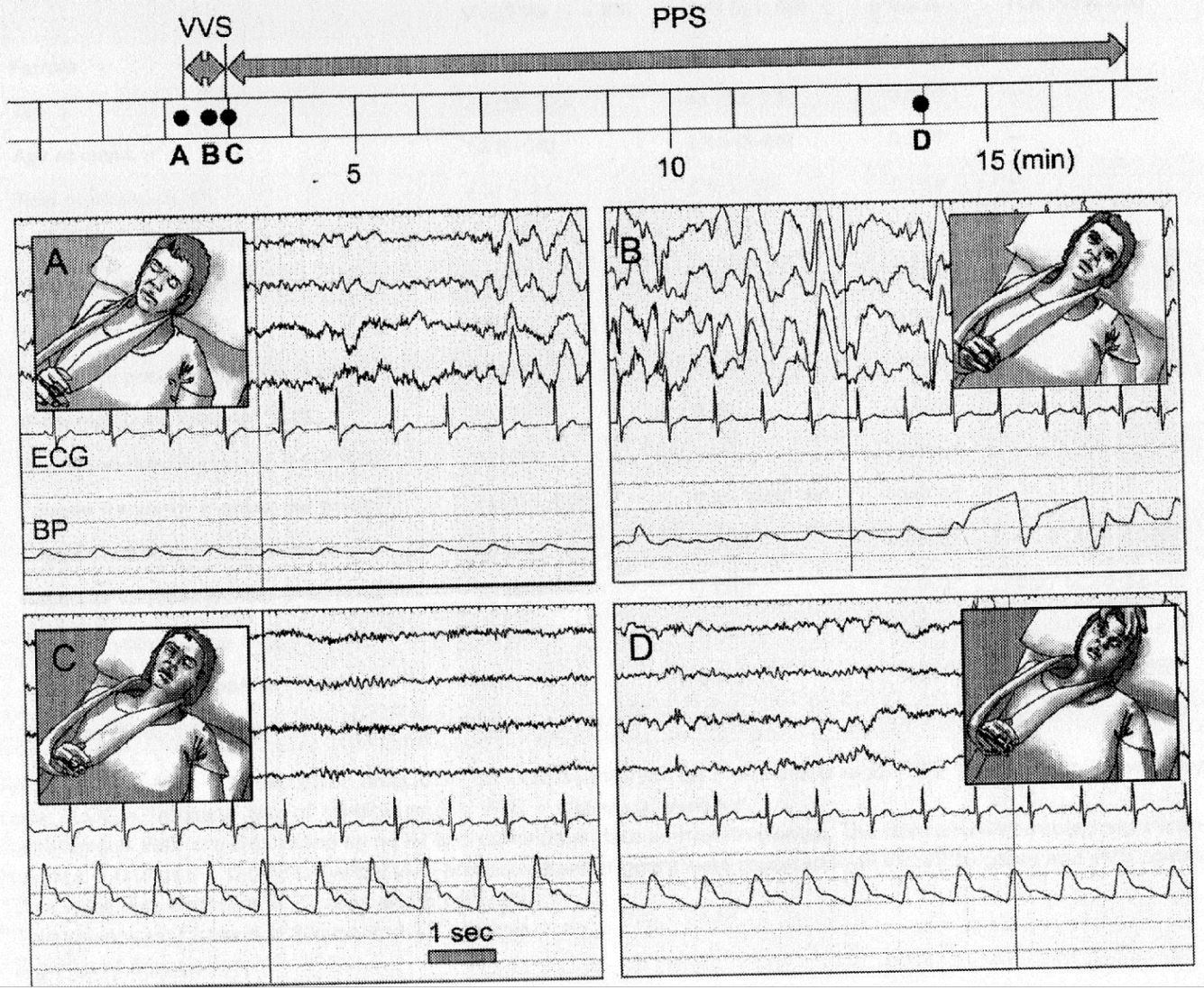
Methods: We identified people with tilt-induced VVS/PPS from 2 tertiary syncope referral centers. For each case, 3 controls with tilt-induced VVS were selected at random from the same center. Clinical characteristics were compared between both groups adjusting for multiple comparisons.

Results: Of 1,164 tilt-table tests, 23 (2%) resulted in VVS/PPS; these 23 cases were compared with 69 VVS controls. VVS and PPS coincided more often than chance would predict: 2% vs 0.6%, $p < 0.001$. Typical VVS prodromes and triggers were reported in all people with VVS/PPS and in controls with VVS. Attack frequency was significantly higher in the VVS/PPS (2 per month, range 0.1–60) than in the VVS group (0.25 per month, range 0.02–4; $p < 0.001$). Delayed recovery of consciousness was more frequently reported in the VVS/PPS group (likelihood ratio [+LR] 8.14, 95% confidence interval [CI] 3.94–16.84), as well as episodes without prodromes (+LR 5.57, 95% CI 2.53–12.26), atypical triggers (+LR 5.00, 95% CI 2.04–12.24), eye closure (+LR 3.75, 95% CI 1.68–8.35), and apparent loss of consciousness >1 minute (+LR 2.86, 95% CI 1.98–4.13).

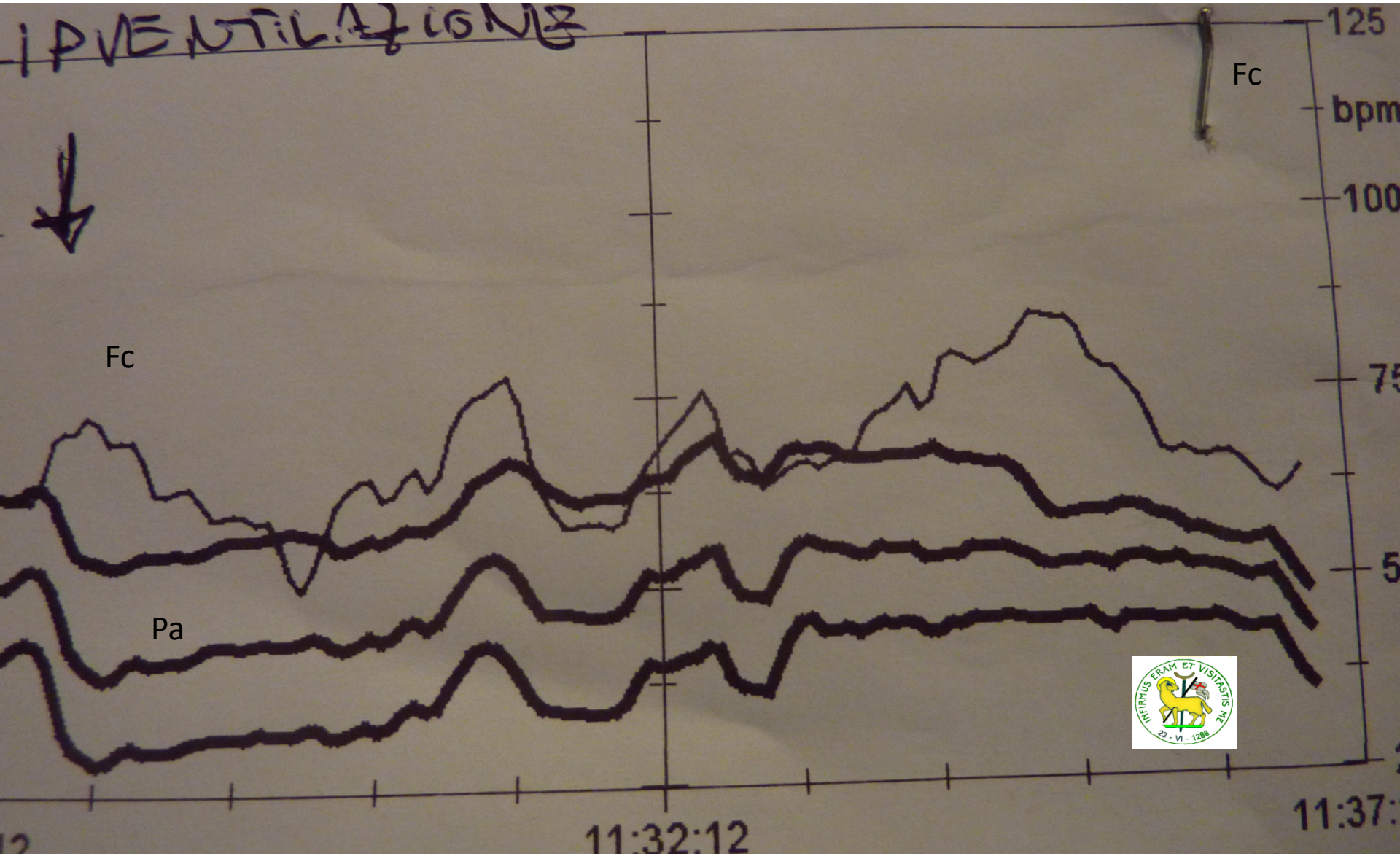
Conclusions: VVS/PPS presents with a complex phenotype. High attack frequency, delayed recovery of consciousness, apparent loss of consciousness >1 minute, ictal eye closure, atypical triggers, and the absence of prodromes may serve as indicators that PPS coincides with VVS.

Neurology® 2015;85:2006–2010

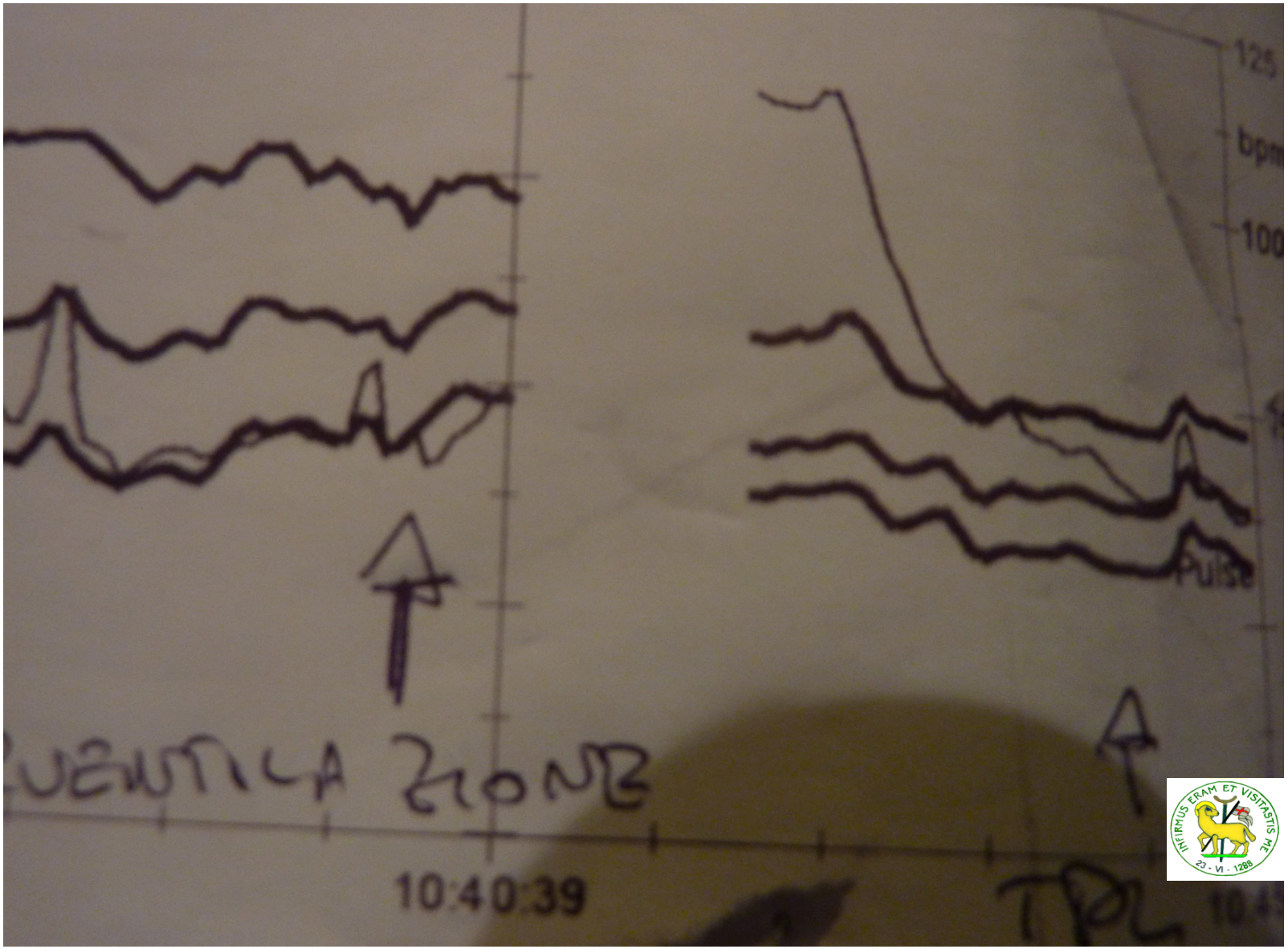
Figure Example of consecutive VVS and PPS

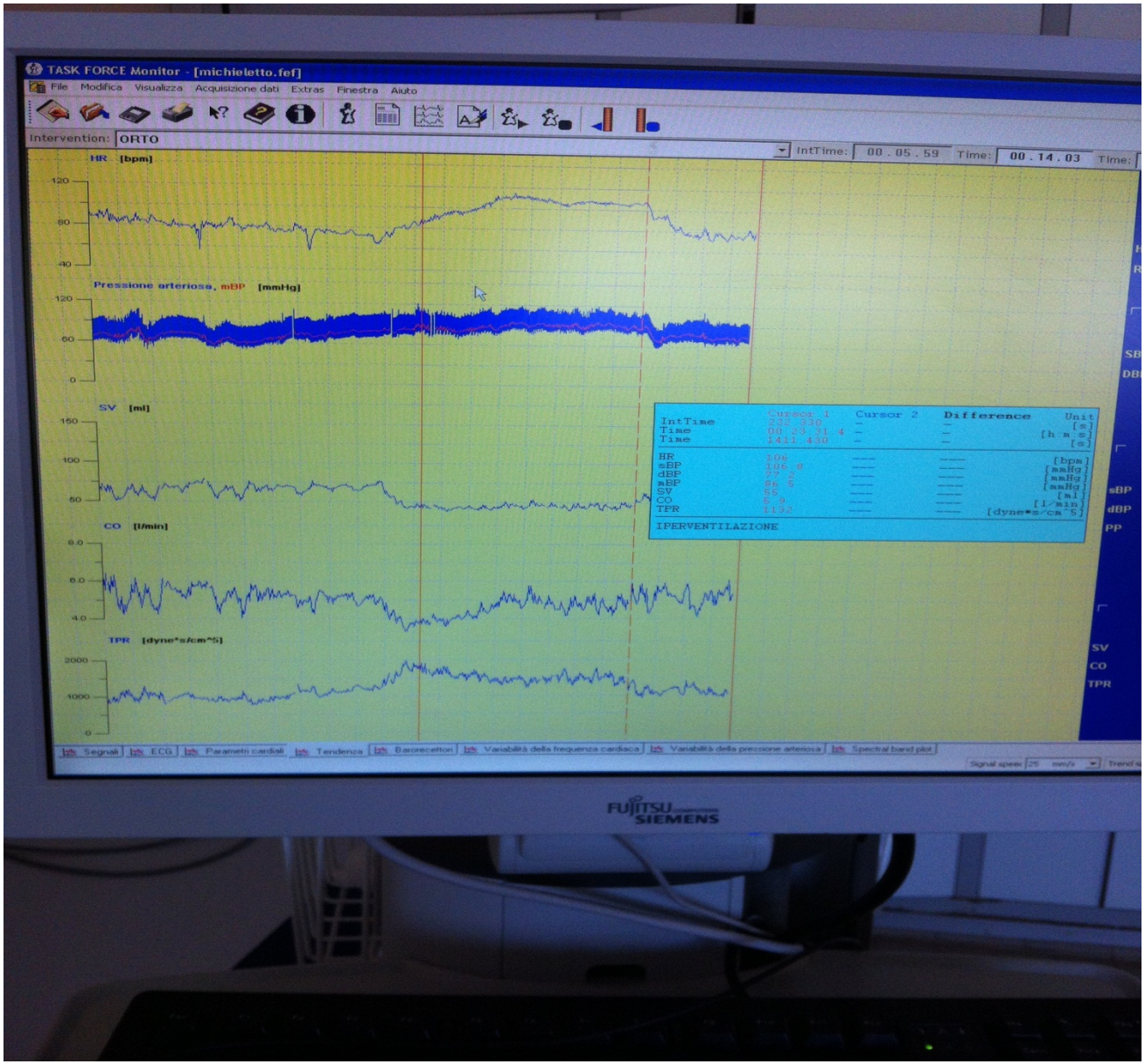


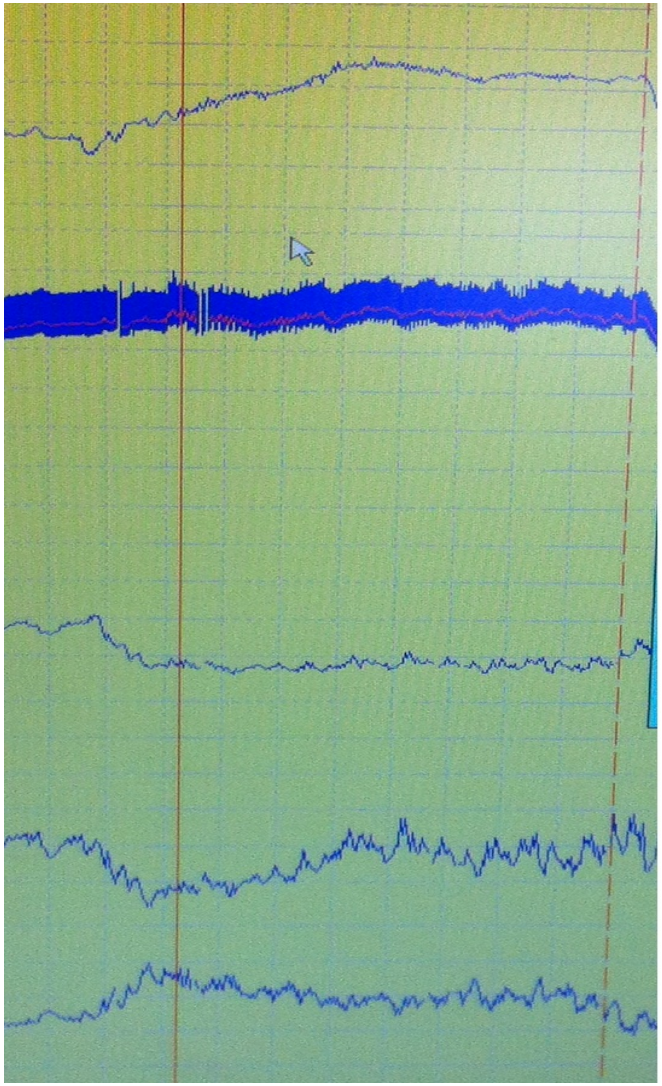
Sincope psicogena: risposta alla iperventilazione

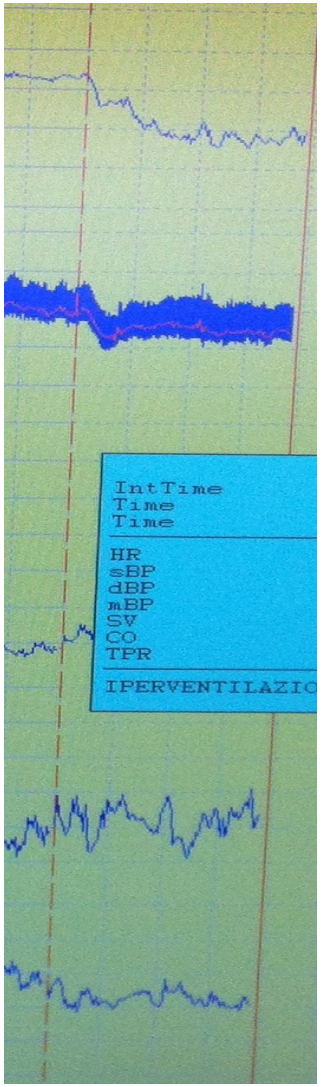


Sincope psicogena: iperventilazione e ipotensione - bradicardia




TASK FORCE Monitor - [michieletto.fef]
File Modifica Visualizza Acquisizione dati Extras Finestra Aiuto
Intervention: ORTO
IntTime: 00.05.59
Time: 00.14.03
HR [bpm]
Pressione arteriosa, mBP [mmHg]
SV [ml]
CO [l/min]
TPR [dyne*s/cm^5]
Cursor 1
Cursor 2
Difference
Unit
IntTime 232.930 [s]
Time 00:23:31.4 [h:m:s]
Time 1411.430 [s]
HR 105 [bpm]
sBP 105.8 [mmHg]
dBP 77.2 [mmHg]
mBP 86.5 [mmHg]
SV 55 [ml]
CO 5.8 [l/min]
TPR 1132 [dyne*s/cm^5]
IPERVENTILAZIONE
Segnali
ECG
Parametri cardiaci
Tendenza
Baroreceptori
Variabilità della frequenza cardiaca
Variabilità della pressione arteriosa
Spectral band plot
FUJITSU SIEMENS




IntTime
Time
Time
HR
sBP
dBP
mBP
SV
CO
TPR
IPERVENTILAZIO

7.1.1 Historical criteria for attacks

The presence of a psychological trauma is not a prerequisite for a diagnosis of conversion.

In most cases, the duration of PPS is as short as in syncope, but a much longer duration is a useful diagnostic finding: patients may lie immobile on the floor for 15–30 min.

The eyes are usually open in epileptic seizures and syncope but are usually closed in psychogenic TLOC.

The attack frequency is high, with several attacks occurring over a week or in a day.

There is usually no recognisable trigger, and no sweating, pallor, or nausea beforehand.

Injury does not exclude PNES or PPS.

These features should occur together in most attacks.

Non responsività al clinostatismo.

Sbadiglio, sudore, pallore tipici della VVS

The presence of another pattern of features suggesting a true syncope type, usually VVS, does not argue against a diagnosis of PPS.

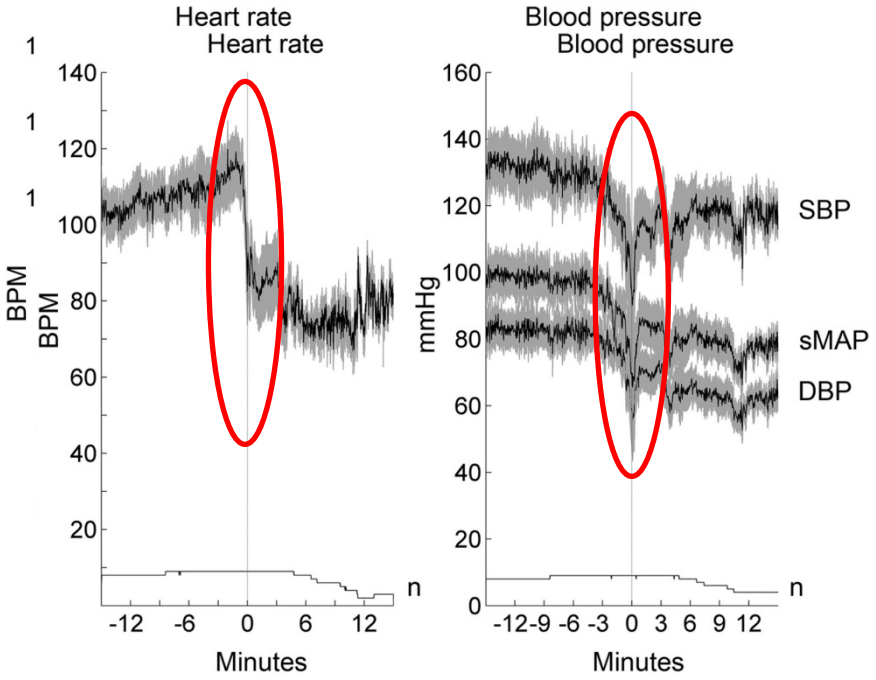
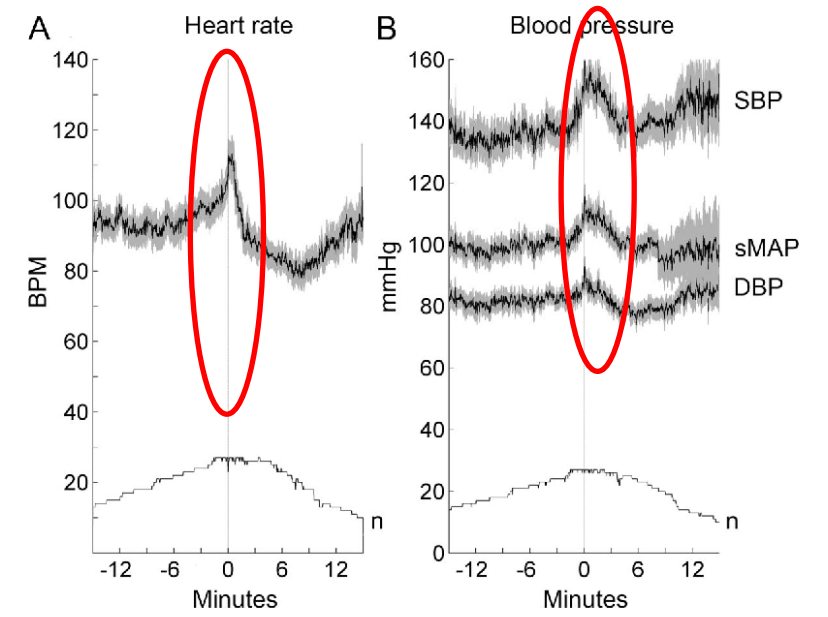


Figure 1 Mean heart rate and blood pressure of the pure psychogenic group (n = 27)



7.1.2 Documentation of key features during an attack

The following features are relevant during an attack:

Video recording or clinical observation, including provocation of an attack during tilt testing.

Primary features: sleep-like body position with closed eyes and lack of response to speech or touch, if tested.

Secondary features: subtle signs incompatible with LOC such as eyelid flicker, eyeball movements, swallowing, intact muscle tone, normal movements absent in true unconsciousness, and resistance to eye opening.

BP: normal or elevated during TLOC.

EEG: normal waking eye-closed EEG pattern, i.e. usually with alpha activity, during TLOC.

The gold standard for PPS is documenting an attack with a home video recorder or with a tilt testing during which BP, HR, and EEG are normal

Recommendations	Class[a]	Level[b]
Diagnosis		
The recording of spontaneous attacks with a video by an eyewitness should be considered for diagnosis of PPS.[116,154]	IIa	C
Tilt testing, preferably with concurrent EEG recording and video monitoring, may be considered for diagnosis of PPS.[116,403,407]	IIb	C
Management		
Doctors who diagnose PPS should present the diagnosis of PPS to the patient.[116,404]	IIa	C
Cognitive behavioural therapy may be considered in the treatment of PPS if attacks persist after explanation.	IIb	C

Take Home Messages

-History and clinical features

-**“CATCH AN ATTACK”**

- Witenessed by professional expert

- Video recording

- Multimodality monitoring , including EEG, during provoked attack

Comunicare paziente la diagnosi

- Empatia
- Sincerità e tempo (ev. rivalutazione)
- Rivalutazione
- Mantenere il contatto
- Psicoterapia cognitivo-comportamentale

Pseudo-Psychicogenic PseudoSyncope

La realtà è frustrante

I testimoni possono “tradire”

4 risposte fondamentali del sistema di difesa:

- freezing (congelamento)
- fight (attacco)
- flight (fuga)
- faint(svenimento/distacco)

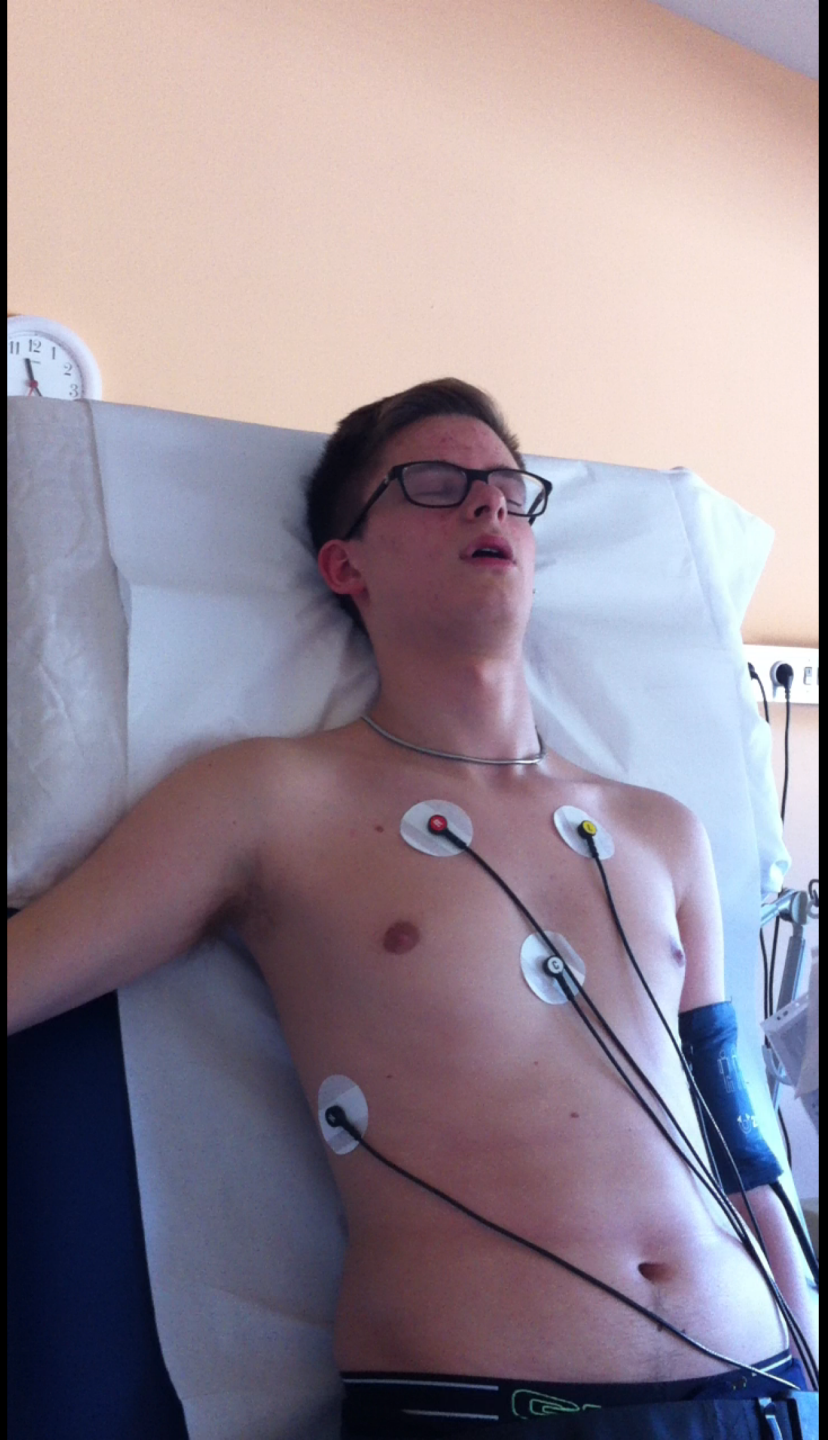
Il freezing è un'immobilità tonica che permette di non farsi vedere dal "predatore" mentre si valuta quale strategia (attacco o fuga) sia la più adatta per la situazione specifica.

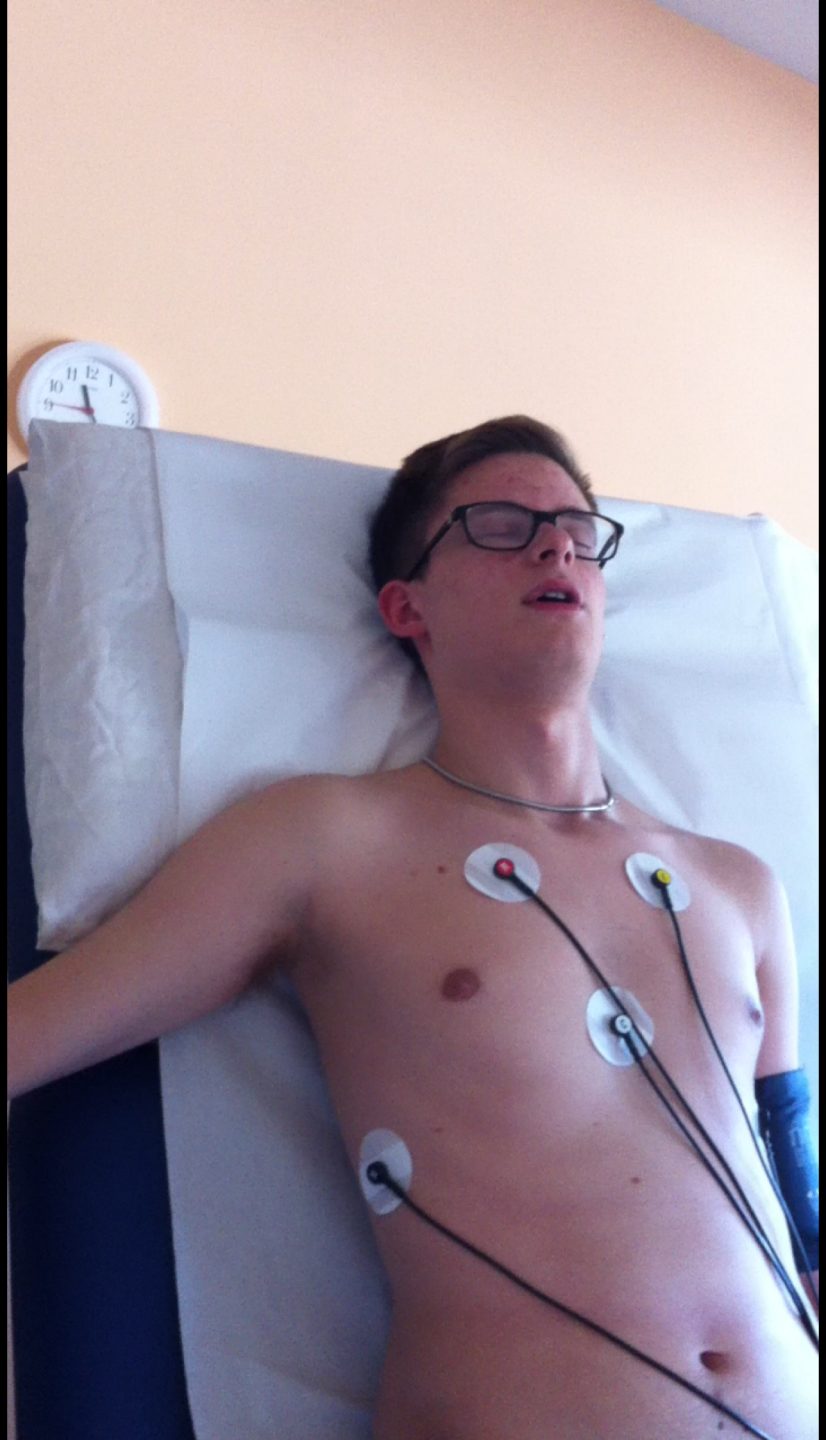
- Disturbo di Conversione

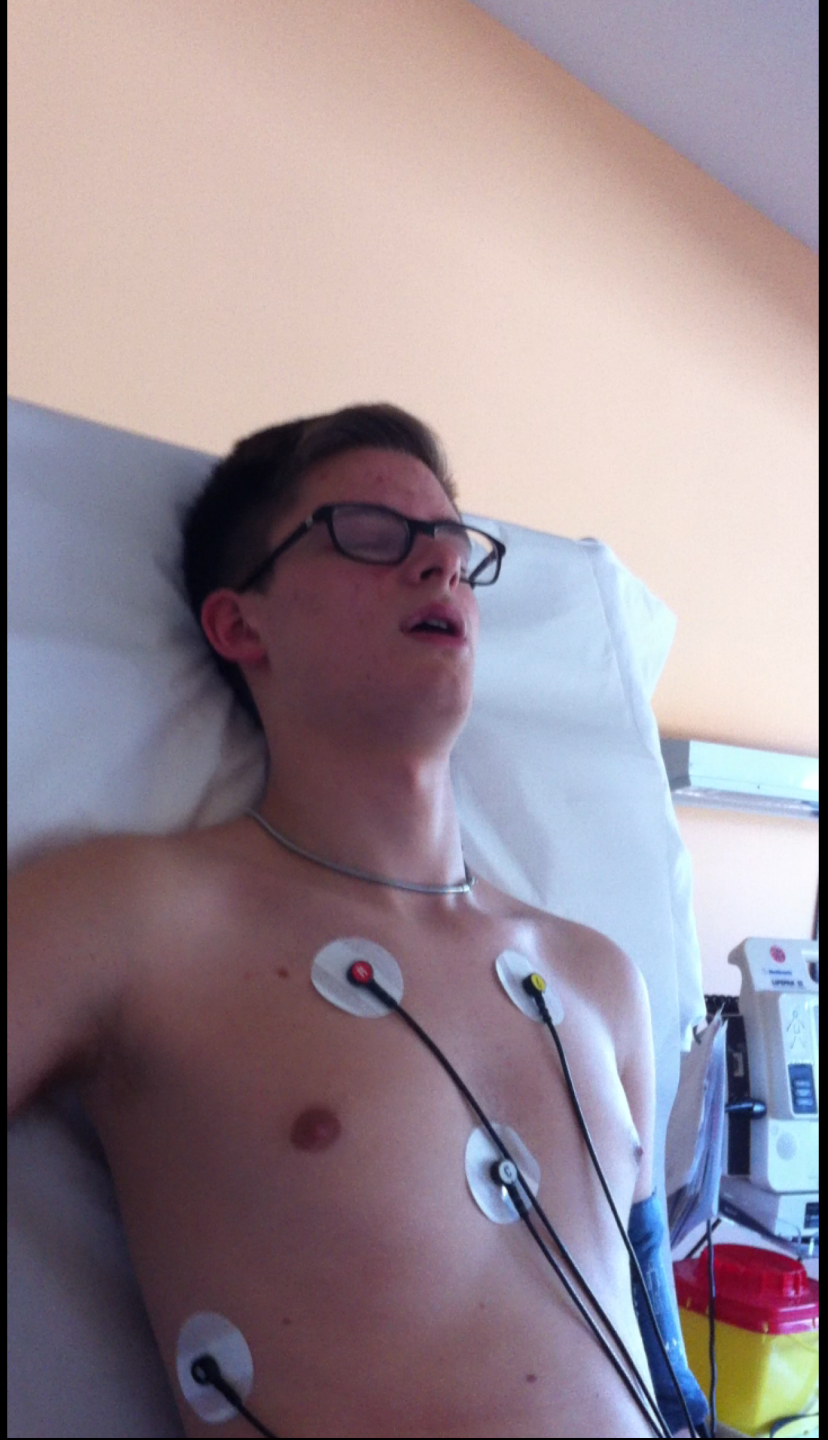
- Disturbo di Panico

- Disturbo Fittizio

- Simulazione







Take Home Messages

- Is it a true TLOC?

-**“CATCH AN ATTACK”**

- Witenessed by professional expert

- Lack/Need of competence