

RUOLO DEL TILT TEST

secondo ESC

Recommendations	Class ^a	Level ^b
Indications		
Tilt testing should be considered in patients with suspected reflex syncope, OH, POTS, or PPS.	IIa	B
Tilt testing may be considered to educate patients to recognize symptoms and learn physical manoeuvres.	IIb	B
Diagnostic criteria		
Reflex syncope, OH, POTS, or PPS should be considered likely if tilt testing reproduces symptoms along with the characteristic circulatory pattern of these conditions.	IIa	B

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Additional advice and clinical perspectives

- A negative tilt table response does not exclude a diagnosis of reflex syncope.
- While sensitivity and specificity are at acceptable levels when measured in patients with VVS and healthy controls, in usual clinical settings of syncope of uncertain origin tilt testing suggests the presence of a *hypotensive susceptibility*, which may exist not only in reflex syncope but also with other causes of syncope including some forms of cardiac syncope. The concept of hypotensive susceptibility rather than diagnosis has important practical utility, because the presence or absence of hypotensive susceptibility plays a major role in guiding pacemaker therapy in patients affected by reflex syncope and in the management of hypotensive therapies, which are frequently present in the elderly with syncope (see sections 5.1 and 5.2).
- A positive cardioinhibitory response to tilt testing predicts, with high probability, asystolic spontaneous syncope; this finding is relevant for therapeutic implications when cardiac pacing is considered (see section 5.2.6). Conversely, the presence of a positive vasodepressor, a mixed response, or even a negative response does not exclude the presence of asystole during spontaneous syncope.
- Tilt testing may be helpful in separating syncope with abnormal movements from epilepsy.
- Tilt testing may have value in distinguishing syncope from falls.
- Tilt testing may be helpful in separating syncope from PPS. In suspected PPS, the tilt test should preferably be performed together with EEG monitoring; a normal EEG helps to confirm the diagnosis. In the absence of an EEG, a video recording will be helpful in confirming the diagnosis.
- Tilt testing should not be used to assess the efficacy of a drug treatment.

RUOLO DEL TILT TEST secondo ACC-AHA

Recommendations for Tilt-Table Testing		
COR	LOE	Recommendations
Ia	B-R	If the diagnosis is unclear after initial evaluation, tilt-table testing can be useful for patients with suspected VVS.
Ia	B-NR	Tilt-table testing can be useful for patients with syncope and suspected delayed OH when initial evaluation is not diagnostic.
Ia	B-NR	Tilt-table testing is reasonable to distinguish convulsive syncope from epilepsy in selected patients.
Ia	B-NR	Tilt-table testing is reasonable to establish a diagnosis of pseudosyncope.
III: No Benefit	B-R	Tilt-table testing is not recommended to predict a response to medical treatments for VVS.

Usefulness of the tilt table test: A “geriatric” point of view

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KEYWORDS: old people, orthostatic hypotension, syncope, tilt table test, unexplained fall

The tilt table test (TTT) (Figure 1) is an important tool of use for diagnosing neurally mediated syncope (NMS). The ESC guidelines for diagnosis and management of syncope recommend the TTT as an additional test to use when the

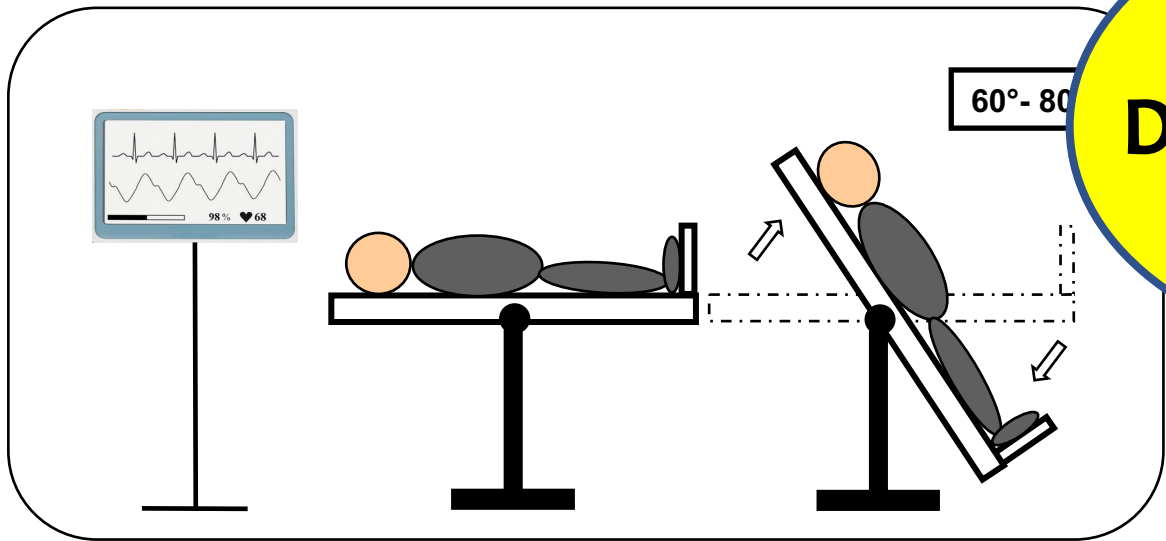
or to diagnose classical orthostatic hypotension (OH) when active standing is not applicable in patients with instability or poor compliance due to cognitive impairment. In older patients, as shown in Table 1, TTT

rkup

rni, MD

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DIAGNOSTICO

FOLLOW-UP

EDUCAZIONALE

**RUOLO
DEL TILT TEST
NELL' ANZIANO**

Sincopa neuromediata

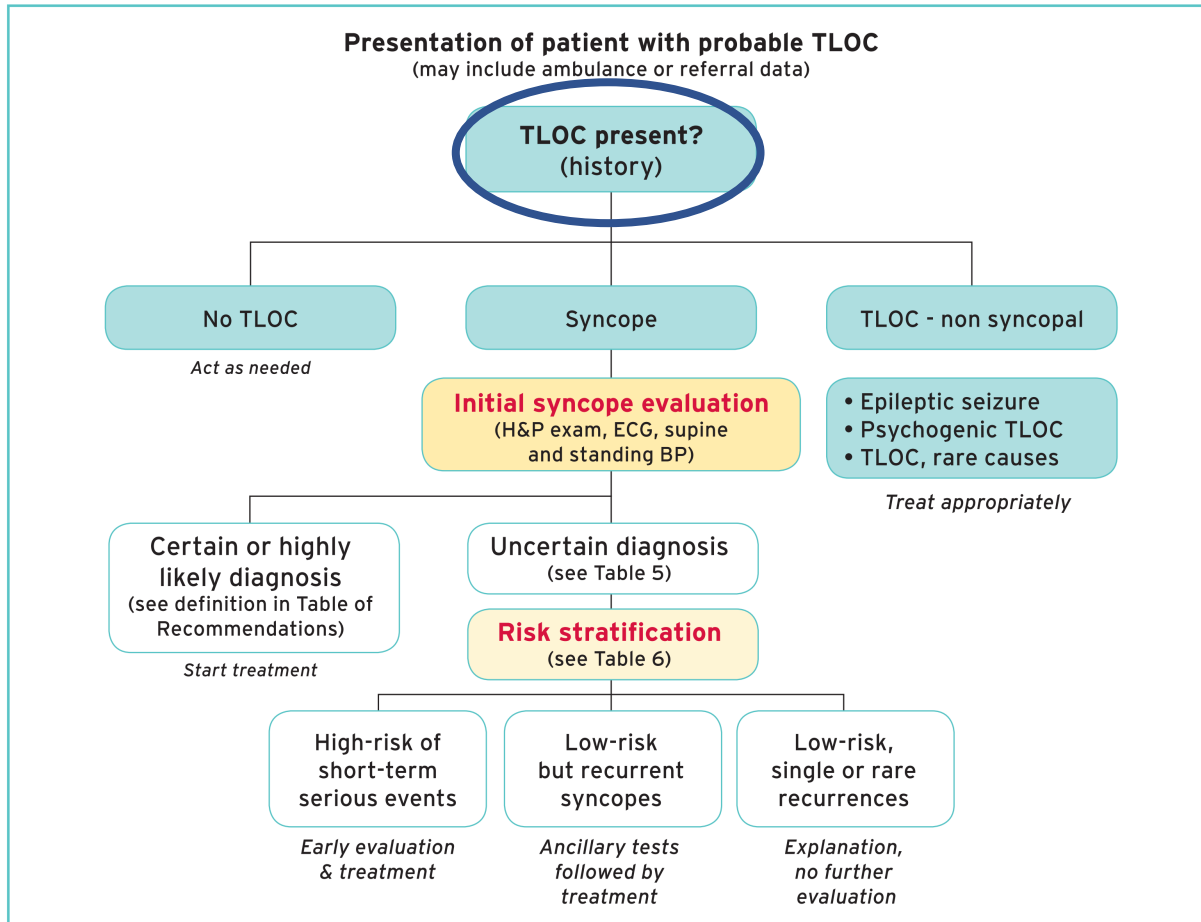
RUOLO DIAGNOSTICO

Ipotensione ortostatica

Cadute non spiegate

ANZIANO

GIOVANE /ADULTO



Sincope neuromediata

RUOLO DIAGNOSTICO

Ipotensione ortostatica

Cadute non spiegate

RUOLO DIAGNOSTICO

	ACTIVE STANDING	TILT TEST	
Iniziale	● ● ●	—	<i>Mai</i>
Classica	●	● ●	<i>Instabilità posturale Scarsa compliance</i>
Ipotensione ortostatica			
Ritardata	—	● ● ●	<i>Sempre</i>
Neurogena	●	● ●	<i>M. Di Parkinson MSA - PAF Instabilità posturale</i>

Sincope neuromediata

RUOLO DIAGNOSTICO

Ipotensione ortostatica

Cadute non spiegate

RUOLO DIAGNOSTICO

Al 40% di pz anziani con caduta «non spiegata» è stata posta diagnosi di SINCOPE

Tipica
condizione età-
correlata

Assenza di
testimoni

Talvolta
associata a
decadimento
cognitivo

Neuromediata

*Ipotensione
Ortostatica*

RUOLO DIAGNOSTICO

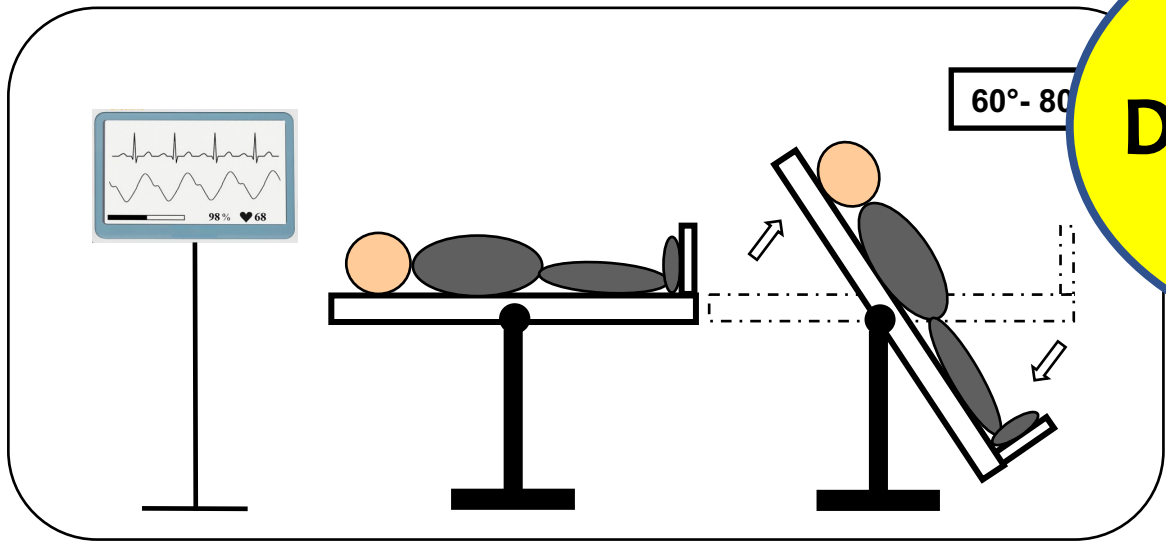
Sincope neuromediata

Ipotensione ortostatica

Cadute non spiegate

*“Syncope and unexplained falls may be indistinguishable on clinical grounds, because there is frequently an element of **retrograde amnesia**”*

Alpert Am J Med 2019



DIAGNOSTICO

FOLLOW-UP

**RUOLO
DEL TILT TEST
NELL' ANZIANO**

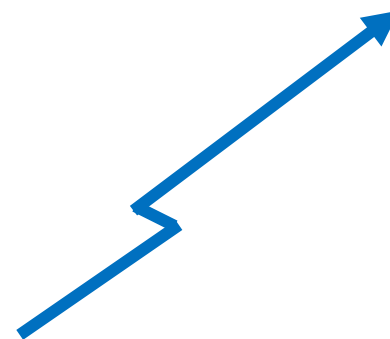
Il Tilt Test **NON** è indicato
nella valutazione del
trattamento della VVS



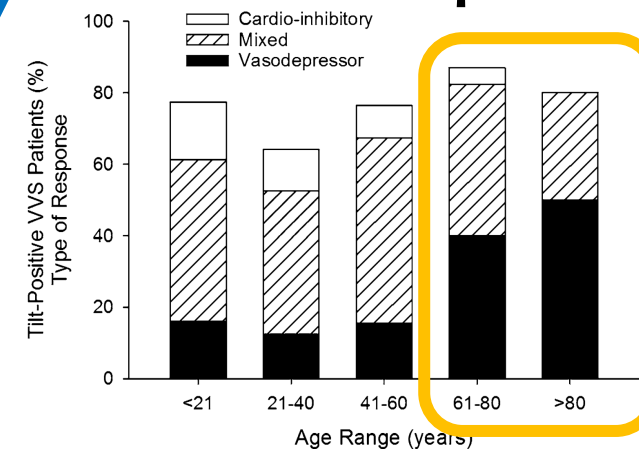
ESC Guidelines Eur Heart J 2018

ACC/AHA/HRS Circulation 2017

Sincopa recidivante dopo impianto di PM



Suscettibilità ipotensiva

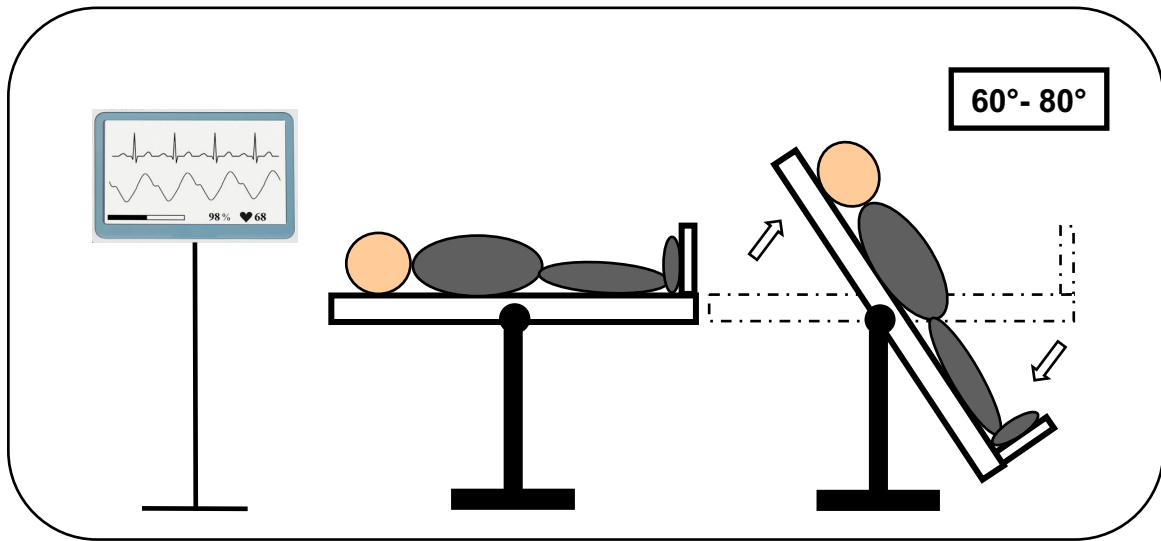


Chaddha et al Clin Aut Research 2016

RUOLO NEL FOLLOW-UP

Trattamento della
sincopa da ipotensione
posturale

Il tilt test rileva le variazioni
emodinamiche in risposta allo stress
posturale



RUOLO DEL TILT TEST NELL' ANZIANO

FOLLOW-UP

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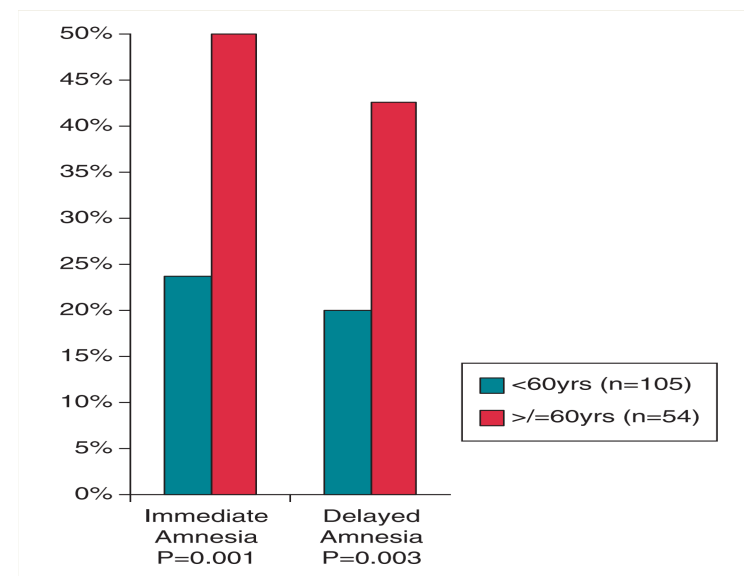
Educare al riconoscimento dei prodromi della sincope



ESC Guidelines Eur Heart J 2018

RUOLO EDUCAZIONALE

Memoria dei prodromi sincopali?



O'Dwyer et al. Europace 2011

CONCLUSIONI

Il **TILT TEST** nell'anziano acquisisce un peso clinico maggiore rispetto alle altre prove, per le quali i dati anamnestici costituiscono il punto di partenza nel percorso diagnostico

DIAGNOSTICO

FOLLOW-UP

IL RUOLO DEL TILT TEST è sempre con l'impiego diagnostico ma si concentra sempre di più su un ruolo educativo e di carattere gestionale

EDUCAZIONALE

GRAZIE