

January: Reflex Syncope

Q: "I have been recently diagnosed with Reflex Syncope. What lifestyle changes should I consider to reduce my chance of fainting?"

A: Dear reader, although the diagnosis of Reflex Syncope is considered a non-lethal disorder, nonetheless the symptoms may be quite functionally debilitating. Given this, there are many conservative therapies in which lifestyle changes are at the forefront. Often simple steps taken by an individual with Reflex Syncope are enough to prevent symptoms.



1. Recognize and Avoid Triggers

One of the most essential aspects of lifestyle changes is to recognize specific triggers or situations that provoke episodes. Although patients may share common triggers, it is best to keep a written log to begin to correlate your activities with symptoms to look for basic patterns. Some of the more common triggers are listed below:

- Prolonged standing (especially in one place with locked knees)
- Prolonged sitting (especially with legs crossed)
- Hot showers, saunas
- Hot crowded rooms
- Hot weather or humid conditions
- During or after exercise
- In the morning
- Changes in barometric pressure: weather, altitude, travel
- Strong emotions
- Anxiety
- Medical procedures
- Dehydration
- Illness
- After eating
- Alcohol, some medications
- Abrupt hormone changes (pregnancy, postpartum, menopause)
- Menses

The above list is non inclusive, indeed you may find your own personal triggers which may need to be avoided or minimized.

2. Fluid Therapy

It is recommended that patients drink at least 2-3 liters of fluids daily, the majority in water intake. We suggest the addition of a "spritzy" of an electrolyte replacement if plain water is not preferred. Avoid excessive intake of full strength Sports Drinks as they may contain hidden calories and also promote

enamel loss in teeth. In a recent study (2007) conducted by the Academy of General Dentistry (AGD), the pH level of sports drinks contributes to potential erosion of tooth enamel. This is especially true among adolescents and young adults due to the porous quality of their immature tooth enamel. Remember that hot environments and exercise may require additional fluid intake above and beyond the recommended daily intake.

3. Increase Sodium/Salt Consumption

We recommend at least 3-5 grams sodium a day (3000-5000mg). Often patients have difficulty with salt tablets (gastrointestinal distress), thus we recommend the liberal use of the salt shaker or eat foods with high sodium content. We do not recommend an increase in dietary sodium if the patient has high blood pressure or is salt sensitive. Some patients experience headaches and swelling with excessive salt. Remember that many fast foods and foods with low nutritional value (snacks, junk food) are loaded with sodium and calories. Thus we suggest you choose foods wisely and add salt to healthy foods.

4. Employ physical counterpressure maneuvers (PCM)

Physical counterpressure maneuvers (PCM) are voluntary skeletal muscle contractions that help compress the veins thereby increasing blood flow to the brain. Researchers have demonstrated that tightening the leg, abdominal and arm muscles are effective maneuvers that may help abort a syncopal episode in patients with prodromal or warning symptoms. PCMs are simple, cost-effective and safe. They consist of leg crossing (combined with tensing abdominal and buttock muscles), handgrip tensing (squeezing fists using rubber ball or another object), and arm tensing (gripping both hands while simultaneously trying to pull apart arms). These may be done seated or standing immediately after the sensation of a prodrome or pre faint. In addition, remember to breathe normally during the maneuvers and practice them at home several times daily.

5. Eat small frequent meals, avoid skipping meals

Although some patients find that certain foods trigger symptoms (ie. caffeine), we recommend a well balanced diet containing adequate fruits and vegetables, low saturated fat, and lean protein sources. Large meals may not be tolerated as this may result in an increase in blood pooling to the gastrointestinal system which may make some patients symptomatic.

6. Physical conditioning is extremely important

Physical conditioning is important for skeletal muscle strength and general cardiovascular health. We suggest beginning slow (5 minute walk, recumbent bike, swim or rowing machine) at least three days weekly. We recommend recumbent exercises if symptomatic while upright. Two days a week may be used for light weight/resistance training. Progress regime slowly (increase by 5 minute increments each week) to a total training time of approximately 45-60 minutes/session including warm-up and cool down. This may take several months. Go at your own pace, and use a calendar or notebook to keep track of schedule

and progress. Each exercise program is individualized. Consider the assistance of a physical therapist or personal trainer to help guide you. Remember to start low and go slow!

7. Compression stockings

For some individuals with upright daily dizziness, they may find improvement in symptoms using waist high compression stockings. We recommend 20-30 or 30-40 mmhg compression. These are worn while awake and upright or seated. Abdominal binders are also an alternative for upright dizziness.

8. Chronic disease mental health counselling

We recommend our patients and families seek a psychologist or counselor to learn strategies and coping skills for Reflex Syncope. Some patients find their religious or spiritual advisor to be beneficial

9. Set realistic goals and focus on living life!

Reach out to support groups like STARS to help you in your journey. The stress of a chronic disorder such as Reflex Syncope may result in changes in employment, academic and social activities. Ergo, it follows that many individuals feel abandoned and alone in their illness. The support gained from an organization like STARS may help individuals develop life skills and talents in spite of their disability.

Blair Grubb, MD Director of Clinical Cardiac Electrophysiology Program Director of Clinical Autonomic Disorders Center & Beverly L. Karabin, RN, PhD, CNP Nurse Practitioner