



Cover Story

New Care Delivery

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New Health Care Delivery

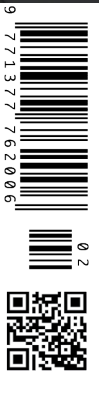
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Setting New Standards in Syncope Management

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Syncope is a heterogeneous syndrome with complex underlying mechanisms. The spectrum of patients presenting with syncope is broad, which requires appropriate, often individualized diagnosis paths.

“Patients presenting with syncope, a sudden transient loss of consciousness, require appropriate, often individualized diagnosis and treatment”¹

Syncope is a heterogeneous syndrome with complex underlying mechanisms which have been described in numerous studies during the last decades with diverse approaches. The spectrum of patients presenting with syncope is broad, which requires appropriate, often individualized diagnosis paths.

In order to support the clinicians, medical societies regularly release Syncope Guidelines summarizing best clinical practices.

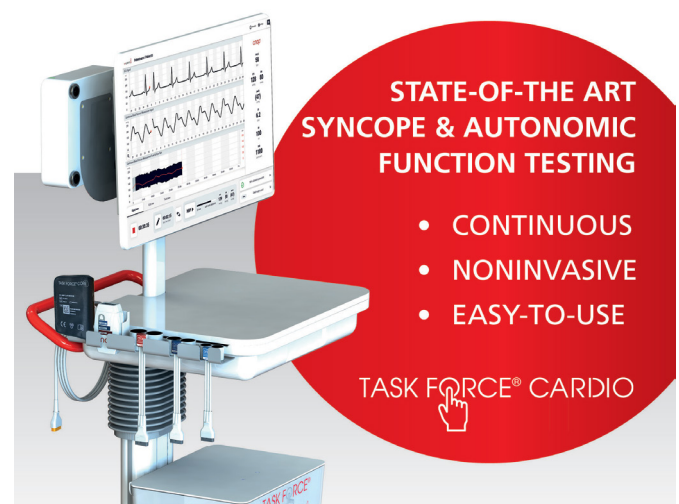
In the latest guideline update of the European Society of Cardiology, tilt testing and autonomic function tests are recommended as common diagnostic tools. Noninvasive continuous blood pressure (finger) and 12-channel ECG are listed as part of the essential equipment of a syncope unit, as fast changes in blood pressure and heart rate are used as primary parameters for diagnosis.¹

The latest Heart Rhythm Society guidelines also emphasize the use of 12-channel ECG for the initial examination of syncope patients whereas for advanced diagnostics tilt testing and orthostatic tests are endorsed. The awareness regarding proper assessment of syncope seems to have increased and cardiovascular testing is reported to be a critical element in the evaluation and management of selected patients with syncope.²

Common practices of syncope management was recently investigated in a survey among specialists and showed that ECG assessment and orthostatic testing were classified to be necessary in the initial phase, whereas tilt testing and autonomic testing are recommended later in the pathway and in selected cases.³

Surprisingly, advanced hemodynamics also play an important role in better understanding the physiological interactions during the different phases of syncope. In a recent meta analysis, Buzko et al. (2019) compared different hemodynamic parameters during tilt test and mentioned Stroke Volume (SV) as being a significant marker in tilt position.⁴

Since the 1950s, cardiac output measurements have been



considered relevant for syncope testing in addition to continuous blood pressure, but easy-to-use assessment tools were lacking. With the introduction of continuous noninvasive methods in the 1980s, rapid changes in blood pressure and later on cardiac output and vascular resistance could be assessed during tilt testing for diagnosing vasovagal syncope.⁵

Today, systems providing a full hemodynamic parameter set and synchronized patient signals for ECG and blood pressure are available allowing for an efficient syncope diagnosis and meeting the latest recommendations of the guidelines.

CNSystems is a market leader for state-of-the art syncope management and now introduces its new generation of hemodynamic assessment - the Task Force® CARDIO. The unique platform makes hemodynamic measurement even easier compared with its forerunner, the Task Force® Monitor, and relies on CNSystems' proven and validated CNAP® finger blood pressure technology with more than 20 years of experience and over 1,000 peer reviewed publications.

Are you ready for more details on an easy solution for efficient syncope management? Just visit www.cnsystems.com. ■

REFERENCES

For full references, please email edito@healthmanagement.org or visit <https://jhm.1562>