The Bradford Syncope Service for Older Adults: A service Evaluation

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Background & Aims

Syncope is a significant cause of morbidity and mortality affecting up to 20% of adults over 75 years old.

This service evaluation presents the multifactorial nature of syncope in older adults and their diverse care needs.

Methods

Data were collected from patients discharged from the older persons' syncope clinic in September and October 2024. Collected data included total appointments attended, interventions, discharge diagnoses and SNOWMED_CT codes.

Results

The study included 46 patients aged 70 to 94 years old (Mean 80 years). 60% (n=27) were female. Patients attended a mean of 3± 1 appointments. Interventions spanned physical health, psychological health and palliative care outcomes, as depicted in Table 1.

Table 1a. Physical Health Outcomes

Investigation	Number undergoing intervention	Total patients	% undergoing intervention
24hr BP	40	46	86.96%
Tilt table testing	20	46	43.48%
24hr ECG	40	46	86.96%
Carotid sinus massage	8	46	17.39%
ILR insertion	3	46	6.52%
Vitamin D level	33	46	71.74%
DXA scan referral	4	46	8.70%
Treatment			
Syncope risk medications stopped	25	46	54.35%
Falls risk medications stopped	3	46	6.52%
PPM inserted	8	46	17.39%
Vit D loading	15	46	32.61%
Osteoporosis Tx	5	46	10.87%
Dix Hallpike manoevre	7	46	15.22%
Epley manoevre	6	46	13.04%
Started orthostatic hypotension treatment	3	46	6.52%

Table 1b. Palliative Care Outcomes

Investigation	Number undergoing intervention	Total patients	% undergoing intervention
RESPECT	6	46	13.04%
GOLDLINE	1	46	2.17%

Table 1c. Psychological Health Outcomes

Investigation	Number undergoing intervention	Total patients	% undergoing intervention
Dementia Dx	1	46	2.17%
Mood assessment	3	46	6.52%
Treatment			
Anti-depressants	3	46	6.52%
Dementia treatment	0	46	0.00%

Orthostatic hypotension was the most prevalent discharge diagnosis, affecting 41% of patients (n=19),followed by vasovagal syncope (33%,n=15) and vestibular illness (13%,n=6). Atrio-ventricular node dysfunction (11%,n=5), structural heart disease (7%,n=3) and atrial fibrillation (4%,n=2) were important cardiac contributors. Other diagnoses included psychogenic syncope (2%,n=1), SIADH (2%,n=1), TIA (2%,n=1) and depression (7%,n=3). Patients could receive more than one diagnosis on discharge.

Figure 1.

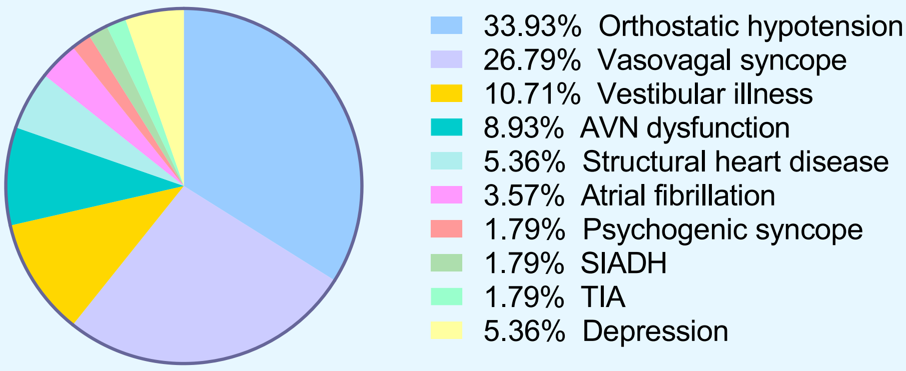

Figure 1. A graph demonstrating the proportion of total discharge diagnoses represented by each condition

For diagnoses, no SNOMED_CT codes were recorded. For procedures, SNOMED_CT Codes in the Electronic Health Record were available for 39/40 (97.5%) ambulatory ECG recordings, 40/40 (100%) ambulatory BP recordings, and 13/20 (65%) of Tilts.

Conclusion

Care of the older adult with syncope spans multiple physical and mental health domains. This evaluation demonstrates the need for a broader holistic approach rather than simply following the ESC syncope algorithms to effectively meet people's care needs.

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