

Syncope (fainting)

A plain-English guide for you and your family

WHAT IS HAPPENING

Fainting (Syncope) means you faint — you lose consciousness for a few seconds to a minute, then wake up completely on your own. It happens because your brain suddenly does not get enough blood. Think of your brain like a city that needs a steady flow of trucks bringing fuel; if the highway shuts down even for thirty seconds, the lights go out. Three main things can stop the flow. First, reflex fainting: a trigger (like seeing blood, standing too long in the heat, or bearing down hard) fires the vagus nerve (a big nerve that runs from your brain to your heart and gut), which slows your heart and drops your blood pressure — you get sweaty, feel sick to your stomach, see tunnel vision, then faint. Second, orthostatic fainting: when you stand up, gravity pulls blood into your legs; normally your body squeezes the leg veins and speeds up your heart to push blood back up to your brain, but if you are dehydrated, on certain medicines, or your automatic nerves are not working right, blood pressure falls and you faint. Third, cardiac fainting: the heart itself has a rhythm problem (too fast, too slow, or chaotic) or a blockage (stiff valve, thick heart muscle) that stops it from pumping enough blood out; this type often has no warning and is the most dangerous because the next episode could be deadly. Most fainting is reflex or orthostatic and not life-threatening, but your doctor needs to rule out a heart cause with an EKG, your story (what you were doing, how you felt before and after), and sometimes heart monitors or other tests. If you faint, lie down with your legs up to get blood back to your brain, and see a doctor to find the cause so it can be fixed or managed safely.

What you might feel

- Sudden loss of consciousness
- Feeling lightheaded or dizzy just before fainting
- Pale, clammy skin
- Nausea or stomach upset before passing out
- Blurred or tunnel vision
- Fast recovery after lying flat
- Chest pain or pounding heart before fainting

- Fainting during exercise or while lying down
- No warning signs before sudden collapse
- Jerking movements or confusion after waking up

Call the doctor right away if...

- Chest pain, trouble breathing, or a pounding or skipping heartbeat before or after fainting
- Fainting during hard exercise, while lying flat, or with no warning at all
- Family history of sudden death before age 50 or known dangerous heart conditions
- Older age (over 60) with new fainting spells, especially if you have heart disease or diabetes
- Fainting that happens over and over in a short time, or staying confused and weak long after waking up

What the care team will do

- Place patient on continuous cardiac monitor and obtain a 12-lead ECG within 10 minutes
- Measure orthostatic vital signs: blood pressure and heart rate lying flat, then immediately after standing at 1 and 3 minutes
- Establish IV access and check capillary refill, skin temperature, and mucous membranes for dehydration
- Assess for injury from the fall, including head, spine, and hip examination, and ask about hitting head or loss of memory
- Review medication list for drugs that prolong QT interval, lower blood pressure, or slow heart rate, and hold next doses until provider reviews
- Keep patient supine with legs elevated if blood pressure is low, and do not let them stand unassisted until cleared
- Ask about and document red-flag features: fainting (syncope) during exertion, family history of sudden death, chest pain, or fainting while lying down
- Teach patient to sit or lie down immediately if early-warning phase (prodrome) symptoms start, and avoid triggers like prolonged standing, heat, and dehydration

Medicines you may be given — and why

Fludrocortisone

Fludrocortisone acts like aldosterone, a natural hormone made by the adrenal glands (two small glands that sit on top of your kidneys). Aldosterone tells the kidneys to save salt and water instead of peeing them out. When your body holds more salt and water, blood volume

goes up — like adding more fluid to a water balloon. A bigger blood volume means more blood stays in your arteries when you stand up, so blood pressure doesn't drop as far and your brain keeps getting the oxygen it needs. This drug is especially helpful for people whose fainting is caused by low blood volume or a nervous system that fails to tighten blood vessels when standing (a problem called orthostatic low blood pressure (hypotension)).

Midodrine

Midodrine is a prodrug — after you swallow it, your liver turns it into desglymidodrine, the active form. Desglymidodrine then acts like a mini burst of norepinephrine (the main chemical messenger that the sympathetic nervous system uses to tighten blood vessels). It binds to alpha-1 receptors on the smooth muscle wrapped around your arteries and veins and tells them to squeeze. When blood vessels squeeze, they get narrower, so blood pressure goes up — like pinching a garden hose raises the pressure inside. This helps people whose blood vessels don't tighten enough when they stand, which causes blood to pool in the legs and blood pressure to drop (orthostatic low blood pressure (hypotension)). By keeping vessels tighter, more blood returns to the heart and brain.

Pyridostigmine

Pyridostigmine blocks the enzyme acetylcholinesterase, which normally breaks down acetylcholine (a messenger chemical used by the parasympathetic nervous system, the 'rest and digest' side of your automatic control system). By slowing that breakdown, acetylcholine builds up at nerve-to-nerve junctions in the autonomic nervous system. The extra acetylcholine helps strengthen the signal that keeps blood vessels slightly toned (gently squeezed) when you stand up. In people with mild autonomic failure (where the automatic nervous system is weak but not completely dead), this can improve blood vessel tone and reduce the drop in blood pressure. Think of it as turning up the volume on a weak radio signal.

Beta-blockers (for example, metoprolol or atenolol)

In a small subset of people with reflex (vasovagal) fainting (syncope) who have a very sensitive heart response — meaning their heart rate shoots up dramatically just before fainting — a beta-blocker can sometimes help by preventing that surge. The drug blocks beta-1 receptors in the heart, so adrenaline and norepinephrine (the sympathetic nervous system's main messenger chemicals) can't make the heart race as easily. By keeping the heart rate steadier, the idea is that the body is less likely to trigger the sudden vagal backlash (the big brake slam from the vagus nerve) that causes the faint. However, current guidelines (ESC 2018, AHA/ACC) note that beta-blockers do NOT help most people with vasovagal fainting and can even make orthostatic low blood pressure (hypotension) worse, so they are used very selectively and only after careful evaluation by a specialist.

Where this information comes from

- ACC/AHA/HRS Guideline on the Evaluation and Management of Patients with Syncope, 2017
- American College of Emergency Physicians (ACEP) Clinical Policy on Syncope, 2023
- European Society of Cardiology (ESC) Guidelines for Syncope, 2018
- American Academy of Family Physicians (AAFP)

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