

The Epidemiology and Diagnosis of Syncope in Japan

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Background and purpose: The present diagnostic method and feature of syncope in Japan is unclear. Implantable loop recorders (ILRs) and head-up tilt test have recently become available for diagnosing syncope. The examination method and rates of diagnosing syncope may vary. This study aimed to clarify present diagnostic method and feature of syncope in Japan

Methods and Results: We retrospectively reviewed the medical records of consecutive patients who were seen at our hospital from January 1, 2009, to December 31, 2012. A total of 547 patients (328 men, 60.4 ± 21.5 years) with syncope were consulted to our hospital. Reflex syncope was diagnosed in 29.1 % of the cases, orthostatic hypotension in 11.7 %, cardiac syncope in 34.0 % and unexplained syncope in 23.9 %. The number of situational syncope and OH could be diagnosed in initial evaluation at first examination was significantly greater than that in subsequent evaluation. Forty-three % of unexplained syncope patients received an ILR. The consent rates of ILR implantations in unexplained syncope patients with risk features (high risk and low recurrent) were 53.1 %. The cumulative ILR diagnosis rates were 47 % and 65 % at 1 and 2 years after the ILR implantation, respectively. The estimate ILR diagnosis rates were significantly greater than conventional test without using an ILR. In a case with unexplained syncope patients could be diagnosed, the recurrent symptom was greatly reduced.

Conclusions: Syncope is induced by various causes in Japan. It is important that we understand characteristics of each syncope cause. The consent rates of implanted ILRs in the unexplained risk patients are low. We need to educate these patients about the importance making a diagnosis of syncope.