Syncope and falls in care homes: An introduction

What is Syncope?
Care home residents are prone to syncope (medical term for a faint/blackout that is caused by a reduction in blood supply to the brain, due either to a diversion of blood away from the brain or to a heart problem). Every person who blacks out should be assessed by their own doctor.

What can increase a resident's chance of fainting?
1. Chronic medical problems, long term problems such as diabetes, congestive heart failure, coronary artery disease, strokes and mini strokes and Parkinson's disease.
2. Multiple medications, this may be due to part of their own action or how they affect one another.

Syncope causes falls
Though it is not widely known, syncope causes a significant number of falls in older people. 10% of falls in the elderly are due to syncope. One of the major concerns with syncope is the potential injury that may be caused.

Syncope undetected
“I never realised that I was losing consciousness. Each time I found myself on the ground I thought I had tripped”.

30% of patients aged 65 years and over who have experienced syncope will not be aware that they are losing consciousness, they instead will report that they have fallen. This is due to a brief loss of memory in the time just before losing consciousness (medically termed retrograde amnesia).

As a consequence, doctors may be likely to diagnose a mechanical fall and patients will not be investigated for the actual cause, such as low blood pressure, or an arrhythmia (irregular, too fast or too slow heart rhythm). Unfortunately this may leave the loss of consciousness untreated.

Syncope misdiagnosed
“...I have been absolutely consistent in my description of my symptoms but they kept sending me to the eye doctor. I have injured myself falling on so many occasions”.

Syncope is often misdiagnosed in the event of a fall because there are many risk factors for falls in older adults. People are very aware of deteriorating eye sight or ‘a knee giving way’ in older age as causes, but syncope should also be investigated as a cause of falls. It is recommended good practice that people with recurrent unexplained falls should be given a medical review.

Case study example
A 70 year old male resident experienced an unexplained fall, believed to be a mechanical fall. The incident was reported by a staff member to care home doctor and the resident was given a full medical review. It was found that the resident was experiencing dizzy spells due to the side effect of some medications. As a result, medications were reviewed, care plan updated and the resident experienced no further unexplained falls leading to an improved quality of life and care.

Blackouts and unexplained falls are not a normal part of ageing – please make sure your residents are given a medical review if either occur. It is important to remember that blackouts or unexplained falls are not all caused by syncope. A multi-disciplinary approach should always be taken to diagnose blackouts or unexplained falls.