CORRESPONDENCE

The Prevalence and Prognostic Significance of Near Syncope and Syncope: A prospective study of 395 cases in an emergency department (the SPEED Study)

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Difficult to Categorize

The authors’ conclusion, that near syncope and syncope barely differ from one another, is difficult to categorize for the purposes of clinical practice because a clear definition for near syncope is lacking. In this setting, it is of little help that “two experienced emergency physicians” had a similar judgment of the already selected group of patients. The crucial issue is whether the patient group under study can prospectively be identified in other hospitals and if, therefore, the results are generalizable.

Furthermore, the combined end point consists of 20 components of very different degrees of severity, which furthermore include interventions that possibly result from the diagnostic evaluation of the index hospital stay and therefore are not “prognostic” in the actual sense. Furthermore the criteria according to which patients were admitted as inpatients remain unclear, and the same is true for how the index events were classified, and whether the events occurred in different frequencies in mainly inpatients or in patients receiving outpatient follow-up care.

For this reason the conclusion should focus on one sentence from the discussion, according to which the presented results showed that patient collectives in emergency departments have different medical problems than patient collectives in specialty-specific outpatient clinics, and that therefore inpatient investigation is generously indicated in emergency patients after syncope and near-syncope. Future studies should tackle a precise definition of near-syncope and means of risk-stratification, in view of the use of algorithms to evaluate these symptoms.

In Reply:

It is possible that the element of elusiveness of the symptoms of near syncope is the reason for the lack of an accepted definition (1, 2). For this reason, hardly any studies exist of the symptom complex near syncope, and affected patients are only rarely included in systematic studies. We can only reiterate at this point that near syncope is a disease syndrome that—as we showed in our article—is of general practical relevance and therefore has to be approached in a structured manner. We tried to put into practice an existing definition from earlier studies in a replicable manner and thereby create a basis for further studies of this topic (1).

Professor Möckel et al as well as others have taken us up on our use of a wide range of end points in our study. This criticism is probably based on the specialty specific perspective of the symptom complex that is syncope, with specialty defined end points. In our understanding of emergency medicine we suggest to keep the wide selection of end points, since syncope/near syncope are associated with different life-threatening disorders. These very different, life-threatening causes from the whole range of acute medicine equally require adequate treatment in the same way as defined cardiac end points. One might have a splendid discourse about the acute relevance of moderate hyponatremia, which, however, is associated with increased mortality and therefore needs to be approached therapeutically (3). In conclusion, in the emergency admissions setting, the widely defined combined end point should be used, as has also been recommended by international studies. What remains undisputed is the need for objectifiable risk stratification in view of the use of algorithms. We are only just starting out in this respect, and we look forward to further results from multicenter prospective analyses on the topic.

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Conflict of interest statement
The authors of both contributions declare that no conflict of interest exists.