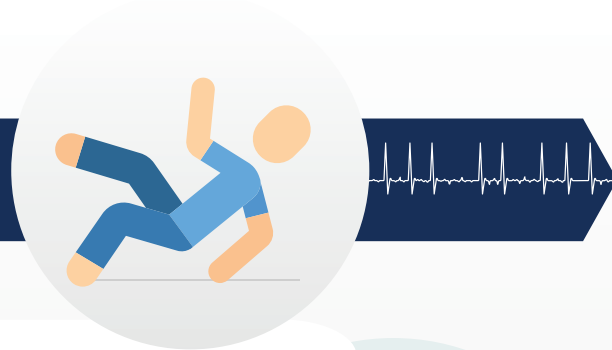


Demystifying Syncope



PREVALENCE

- Can occur across the lifespan
- **35%** cumulative incidence of syncope by **age 60**



ETIOLOGY

- **Multiple** known/unknown causes
- **50%** are vasovagal syncope across all adult age groups



IMPACT

- A **marker** of significant underlying disease in selected populations
- While most causes of syncope are harmless, presence of serious medical conditions warrant **additional evaluation** and **treatment**
- Recurrent syncope leads to **poor quality of life** and **possible injuries**

Patient:



THE SOLUTION

Use the **2017 ACC/AHA/HRS Syncope Guidelines** for a standardized approach to:

- Risk stratification
- Diagnosis
- Treatment



- **1% - 3%** of ED visits in the U.S.
- **6%** of hospital admissions in the U.S.

Clinical:



- **Multiple** diagnostic tests
- **Low-yield** testing and evaluation
- **High rates** of hospitalization

Financial:



Be a Part of the Solution



Know contemporary, cost-effective strategies for initial evaluation and risk stratification.



Identify high-risk patients who may benefit from hospitalization or guideline-directed outpatient evaluation from low-risk patients who require minimal diagnostic testing.



Follow a standardized approach to initial management for improved patient care and better utilization of healthcare resources.



LEARN MORE

Abbreviations:

ED: emergency department; ACC: American College of Cardiology; AHA: American Heart Association; HRS: Heart Rhythm Society

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