

Pseudosincope e catalessia

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Transient loss of consciousness (T-LOC)

- **Loss of postural control and muscle tone**
- **Unresponsiveness during part of the attack**

CLASSIFICATION OF T-LOC

SYNCOPE

Reflex (neurally-mediated)

Orthostatic hypotension

Cardiac (cardiovascular)

NON-SYNCOPIAL T-LOC: disorders with partial or complete T-LOC, but without global cerebral hypoperfusion

NON-SYNCOPAL T-LOC

Real

- **Metabolic**
(hypoglycemia, hypoxia)
- **Epilepsy**
- **Vertebrobasilar
TIA**

Apparent

- **Psychogenic
pseudosyncope**
- **Cataplexy**

POINT BREAK

Le perdite transitorie di coscienza solo apparenti: affezioni che il cardiologo non dovrebbe ignorare

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G Ital Cardiol, 2015

Psychogenic pseudosyncope

Psychogenic pseudosyncope



Conversion disorder

**Conversion of underlying psychic
conflict into physical (neurologic)
symptoms**

Other common symptoms of conversion disorder

Sensory symptoms	Motor symptoms
Blindness	Paralysis
Deafness	Dysphasia
Numbness	Aphonia
	Seizures

Psychogenic pseudosyncope

Psychogenic pseudosyncope, as the other symptoms of conversion disorder, is not feigned or deliberately produced

Psychogenic pseudosyncope

Young age

Mainly women

Psychogenic pseudosyncope

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graph TD; A[Psychogenic pseudosyncope] --> B[Without seizures]; A --> C[With seizures]
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Without seizures

With seizures

Psychogenic pseudosyncope

Many psychosomatic symptoms

Psychogenic pseudosyncope attack -1

- **In the presence of «audience»**
- **No trigger**
- **Fall with breaks**
- **No autonomic symptoms**

Psychogenic pseudosyncope attack -2

- **Eyes closed**
- **The pulse is palpable with normal (or slightly elevated) heart rate**
- **Minor traumas can occur**
- **At the end of the attack, no confusion but frequent tears**

Psychogenic pseudosyncope attack -3

Duration

From a few seconds to 20 min (or more)

Frequency

**From some episodes per year to several
episodes per day**

Suspected features of pseudosyncope

- **In the presence of «audience»**
- **Fall with breaks**
- **Several episodes per day**
- **Prolonged episodes (> 5 min)**
- **Eyes closed**

Psychogenic pseudosyncope

**Tilt testing elicits the typical attack
in ~ 90% of pts**

Benbadis SR et al, Epilepsy Behav 2006

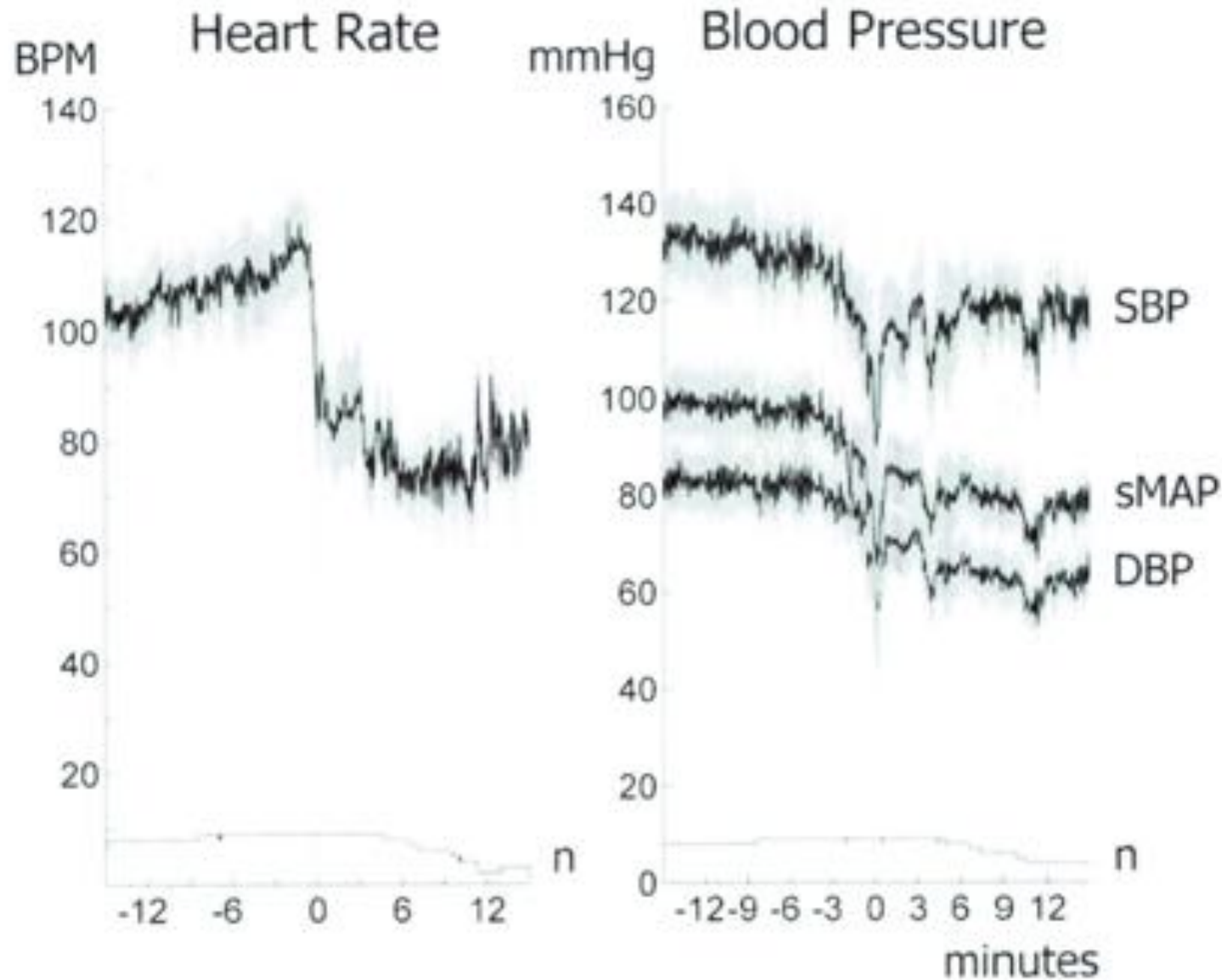
Tannemaat MR et al, Neurology 2006

**Differential diagnosis between
psychogenic pseudosyncope and
vasovagal syncope**

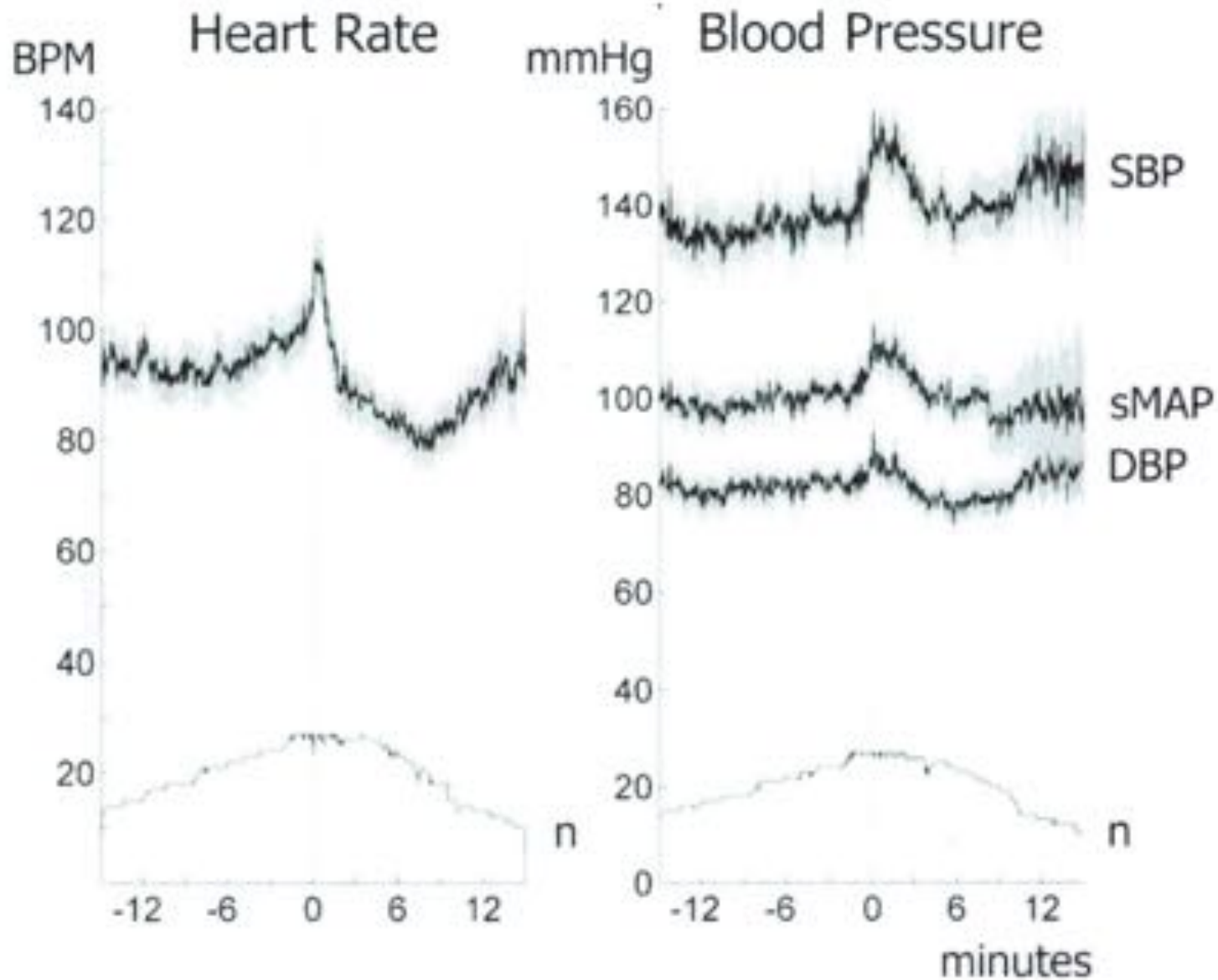
Tilt testing

**During the attack BP and HR are
normal**

Tilt testing – Vasovagal syncope



Tilt testing – Psychogenic pseudosyncope



Psychogenic pseudosyncope

Tilt testing – 36 pts

Eyes closed: 97% of pts

Sweating: 0% of pts

Pallor: 0% of pts

Psychogenic pseudosyncope

Tilt testing

	Class	Evidence
Induction of LOC in absence of hypotension and/or bradycardia should be considered diagnostic of psychogenic pseudosyncope	IIa	C

Typical pattern of psychogenic pseudosyncope during tilt test

Diagnoses from 10 syncope units

**4% of positive tests
(range 0-12%)**

Tannemaat MR et al, Card J 2014

Cataplexy

**Cataplexy is a diagnostic marker
of narcolepsy**

**(present in ~ 30% of pts with this
disease)**

Cataplexy-narcolepsy

Prevalence

1 per 2000 inhabitants

Campion ED, N Engl J Med 2015

Cataplexy-narcolepsy

Age of onset

10 - 50 yrs (mean ~ 24)

Dauvilliers Y et al, Neurology 2001

Cataplectic attack -1

Typical trigger: «emotion»

Negative: fear, anger, embarrassment
but more frequently

Positive: pleasant surprise, excitement,
repartee

Cataplectic attack -2

Loss of postural control

Falls may develop slowly with breaks and, therefore, look rather unreal

No autonomic symptoms

No confusion after the attack

Cataplectic attack -3

Duration

From a few seconds to some minutes

Frequency

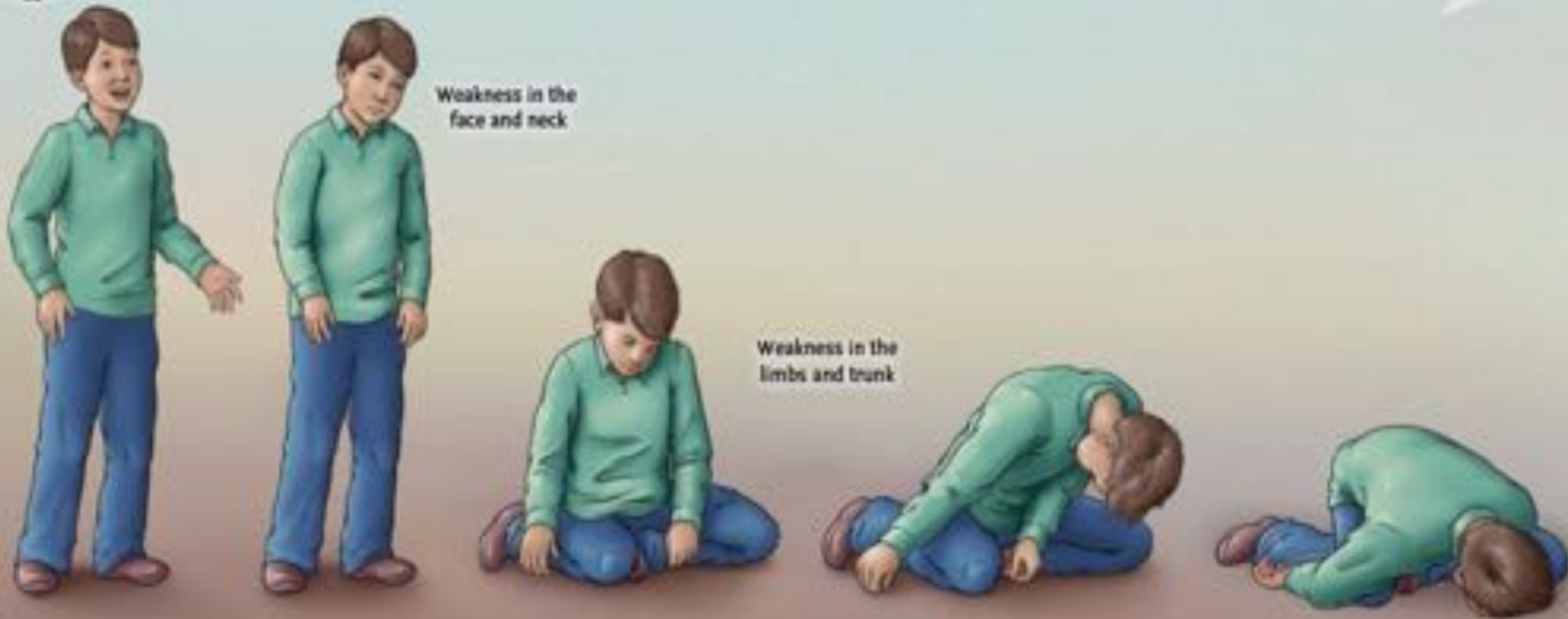
From < 1 episode per year to several episodes per day

Cataplectic attack

Strong
emotional
trigger

Partial cataplexy

Complete cataplexy



Cataplectic attack



Narcolepsy – Clinical features

- **Excessive daytime sleepiness**
- **Sleep-related hallucinations**
- **Sleep paralysis**
- **Disrupted nocturnal sleep**
- **Cataplectic attacks**

When to suspect cataplexy

- **Fall with breaks**
- **Several episodes per day**
- **T-LoC triggered by positive emotions, or negative emotions without autonomic prodromes**
- **Clinical context: narcolepsy**

TYPICAL VASOVAGAL SYNCOPE

1) Trigger

Emotional (emotional distress, fear, severe pain, disgust, medical setting)

or

Orthostatic (prolonged standing)

2) Typical autonomic prodromes
(pallor, sweating, nausea, vomiting, abdominal discomfort)

Take-home message

Emotional trigger



**The patient should be asked
whether he/she suffers from
diurnal sleepiness**

Narcolepsy – Diagnostic tests

Polysomnography

**SOREMP: sleep-onset REM
period < 15 min**

CSF hypocretin 1 < 110 ng/L

Differential diagnosis between syncope and apparent loss of consciousness

	Syncope	Psychogenic pseudosyncope	Cataplexy
<i>Trigger</i>	Absent or negative emotion	No	Positive emotion
<i>Autonomic symptoms</i>	Sometimes	No	No
<i>Fall</i>	Real	Unreal with breaks	Unreal with breaks
<i>Eyes</i>	Open or partial-open	Closed	Generally partial-open
<i>Attack duration</i>	Short	Sometimes > 5 min	Short
<i>Several attacks per day</i>	No	Yes	Yes
<i>Clinical context</i>	Variable	Psychosomatic symptoms	Daytime sleepiness