

Sincopi e dintorni

Pseudosincope Psicogena

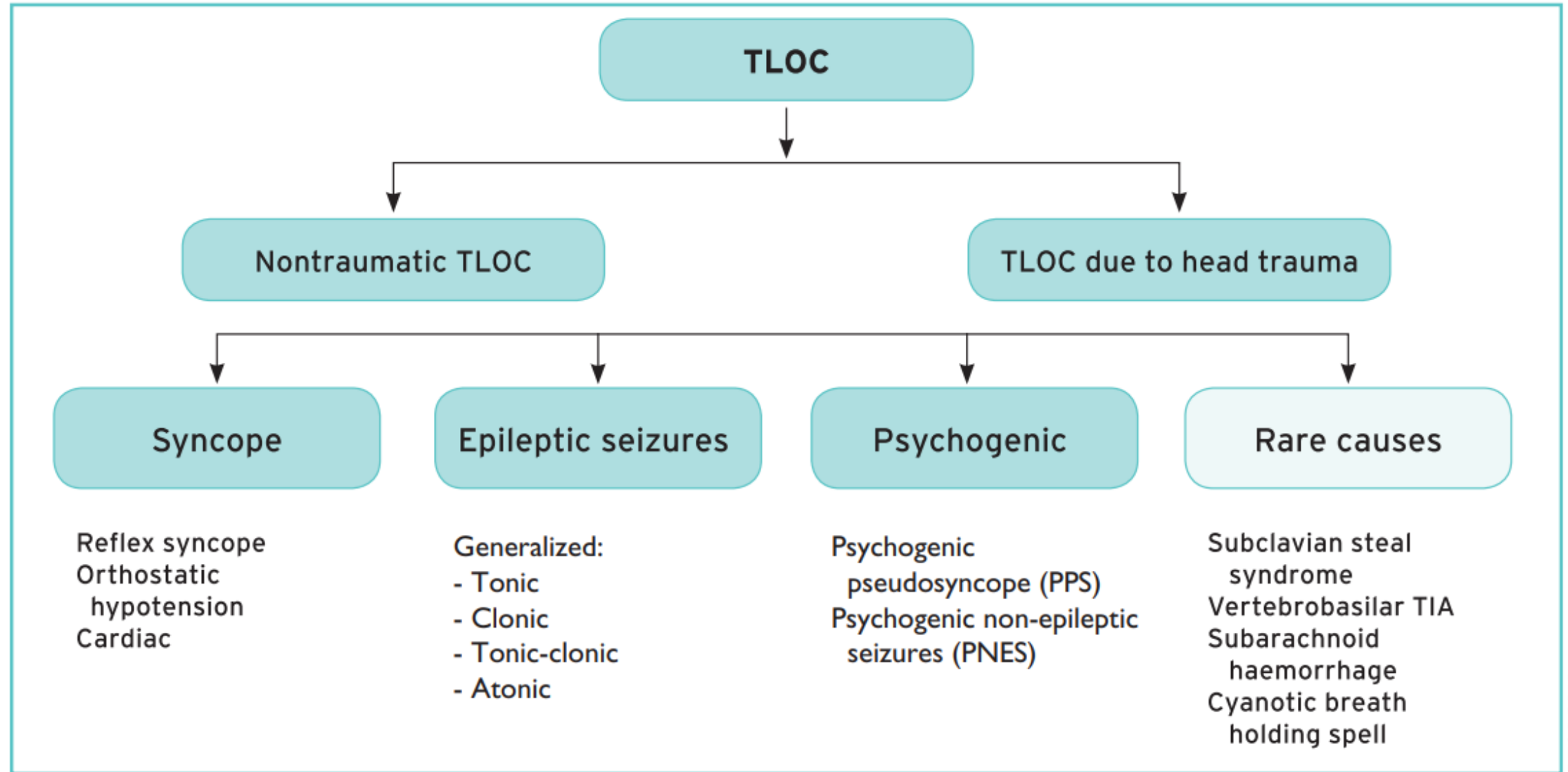
Non sempre una diagnosi di esclusione

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Psychogenic pseudosyncope: diagnosis and management

Vidya Raj¹, Ama A Rowe², Sheryl B Fleisch², Sachin Y Paranjape³, Amir M Arain⁴,
Stephen E Nicolson²

“Una apparente perdita transitoria di coscienza...”

01

Cardiologica/autonomica

L'episodio non è sostenuto da ipotensione, bradicardia o ipoperfusione cerebrale documentabile.

02

Neurologica

Non si osservano alterazioni EEG compatibili con sincope vera o crisi epilettica durante l'evento.

03

Psichiatrica

È inquadrabile nell'ambito dei disturbi funzionali/conversione, senza implicare simulazione volontaria.

Managing psychogenic pseudosyncope: Facts and experiences

Martijn R. Tannemaat¹, Roland D. Thijs^{1, 2, 3}, J. Gert van Dijk¹

Source	N	Setting	Classification system	VVS (%)	OH (%)	Cardiac (%)	Epileptic seizures (%)	PPS (%)	Unexplained (%)
Mean and range				59.3 (46.2– –67.5)	9.1 (1– –19.0)	10.4 (0.6– –35.3)	1.1 (0–4.6)	3.6 (0– –12.1)	11.3 (5–18)

0–12%

range riportato nelle syncope
unit

≈4%

media riportata negli studi

20–30%

quota stimata tra le “unexplained
syncope”

Diagnostic delay in psychogenic nonepileptic seizures

M. Reuber, MD MRCP, G. Fernández, MD, J. Bauer, MD, C. Helmstaedter, PhD, and C. E. Elger, MD FRCP | [AUTHORS INFO & AFFILIATIONS](#)

Table Mean diagnostic delays in subgroups of patients with nonepileptic psychogenic seizures

Group	Variable	Category	Mean diagnostic delay, y (SD)	<i>p</i> Value (difference between means)
All patients, n = 313	AED history	Positive, n = 260	7.8 (9.8)	0.036
		Negative, n = 53	4.9 (6.6)	
PNES only, n = 212	Interictal EP in the EEG	Present, n = 17	12.5 (15.6)	0.026
		Absent, n = 195	7.1 (8.67)	
	AED history	Positive, n = 161	8.4 (10.2)	0.019
		Negative, n = 53	4.9 (6.6)	

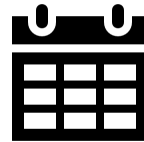
PNES = psychogenic nonepileptic seizures; AED = antiepileptic drugs; EP = epileptiform potentials.

Long-term follow-up of psychogenic pseudosyncope

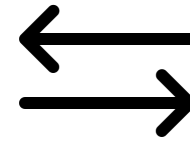
Dirk P Saal ¹, M Jolein Overdijk ¹, Roland D Thijs ¹, Irene M van Vliet ¹, J Gert van Dijk ²



57 pazienti diagnosticati con PPS



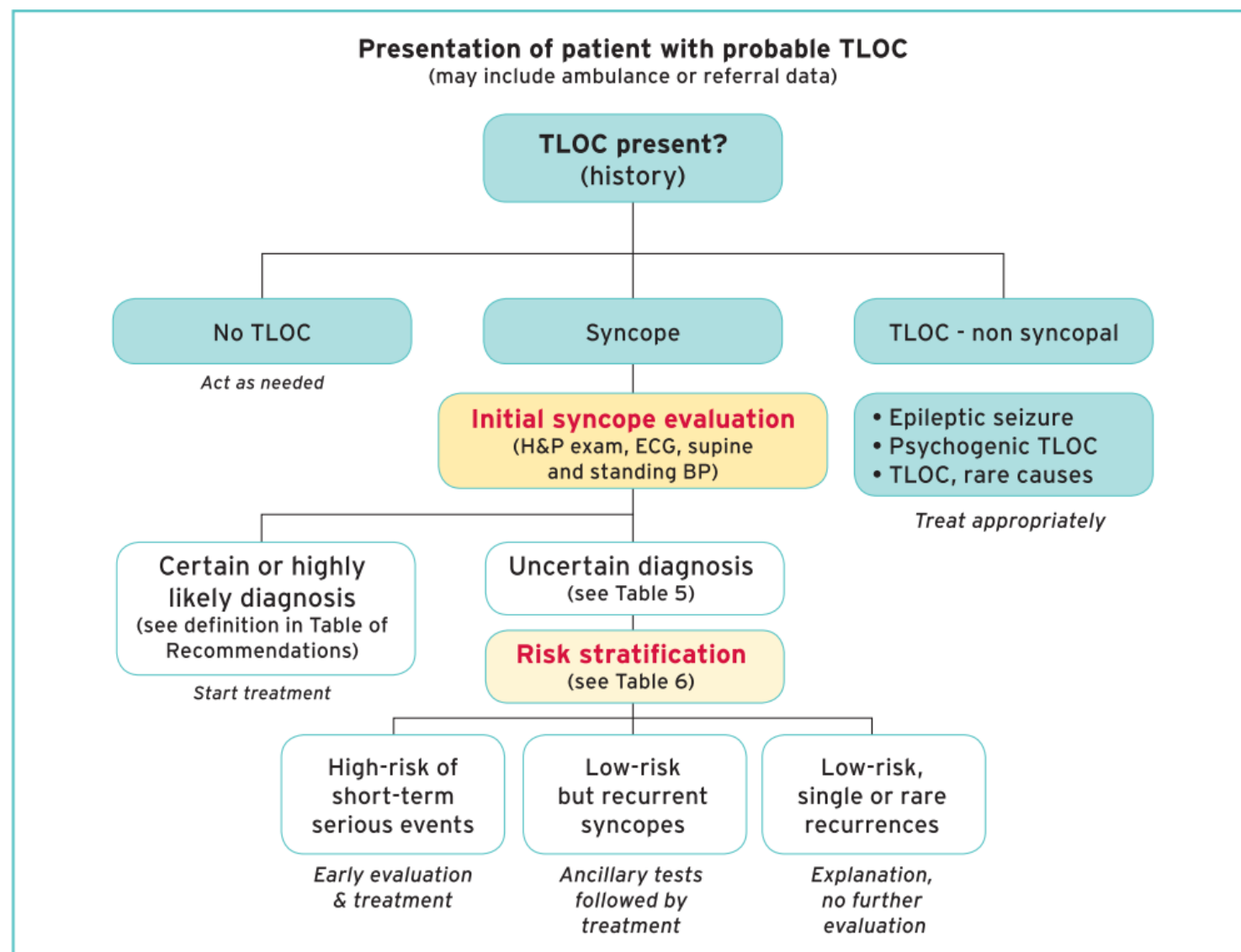
Follow-up medio di 50 mesi



35% ha avuto una sincope vasovagale



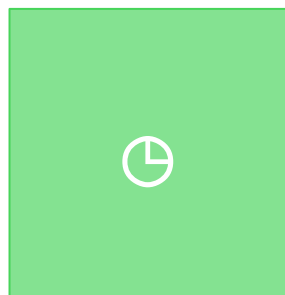
VALUTAZIONE CLINICA INZIALE



PRESENTAZIONE CLINICA

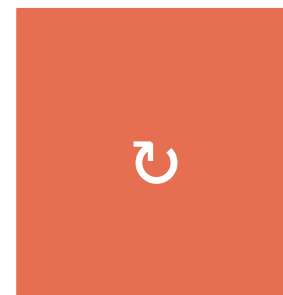
Psychogenic pseudosyncope: Not always a diagnosis of exclusion

Kathleen E Walsh ¹, Trisha Baneck ¹, Richard L Page ¹, Michele Brignole ¹ ², Mohamed H Hamdan ¹



Durata prolungata

Da 1 minuto fino ad 1 ora vs < 1 minuto



Alta frequenza

53±35/anno vs 3±6/anno

PRESENTAZIONE CLINICA

The semiology of tilt-induced psychogenic pseudosyncope

Martijn R Tannemaat ¹, Julius van Niekerk, Robert H Reijntjes, Roland D Thijs, Richard Sutton, J Gert van Dijk

	Pure PPS (n = 27)	Mixed PPS (n = 9)	VVS (n = 69)	p Value (pure PPS vs VVS)
During the event				
Eyes closed at start of apparent TLOC	26/27 (96)	7/9 (78) ^b	5/68 (7)	<0.0001
Head dropping	16/27 (59)	6/9 (67)	19/69 (28)	<0.01
Moving down tilt table	13/27 (48)	4/9 (44)	0/69	<0.0001
Falling forward against restraints	2/27 (7)	2/9 (22)	0/69	NS
Jerking limbs or body	5/27 (19)	1/9 (11)	41/68 (60)	<0.0001

Clinical characteristics of psychogenic pseudosyncope in a population-based cohort

Karl Firth ^{1,2*}, Isabella Kharraziha ^{1,2}, Madeleine Johansson ^{1,2},
Richard Sutton ^{3,4}, Daiva Daukantaitė ⁵, Viktor Hamrefors ^{1,2},
and Artur Fedorowski ^{1,2,6,7}

**Paziente-tipo
PPS**

più spesso donna, più giovane, più episodi

**Supine
syncope**

62.8% PPS vs 18.1% VVS; RR 3.48

**Traumatic
falls**

73.1% PPS vs 50.2% VVS; RR 1.45

**Work-up più
intenso**

più TC/RM encefalo, EEG, visita neurologica, Holter

**In un'ampia coorte population-based di 2690 pazienti valutati per sincope
inspiegata, la PPS è stata diagnosticata in 78 casi, pari al 2.9%.**

Interictal Epileptiform Discharges in Persons Without A History of Seizures: What Do They Mean?

So, Elson L.



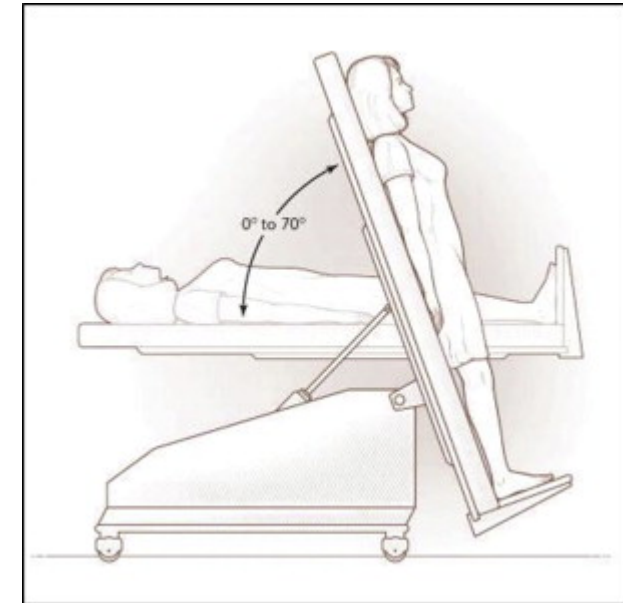
attività “epilettiformi” possono essere osservate fino al **6,6% dei soggetti sani**, un EEG eseguito al di fuori dell’episodio critico può essere fuorviante.

Tilt testing remains a valuable asset

Richard Sutton  ^{1*}, Artur Fedorowski  ², Brian Olshansky  ³, J. Gert van Dijk⁴, Haruhiko Abe⁵, Michele Brignole  ⁶, Frederik de Lange  ⁷, Rose Anne Kenny⁸, Phang Boon Lim⁹, Angel Moya¹⁰, Stuart D. Rosen¹¹, Vincenzo Russo¹², Julian M. Stewart  ¹³, Roland D. Thijs  ⁴, and David G. Benditt¹⁴

Diagnosis and management of psychogenic pseudosyncope

Recommendations	Class ^a	Level ^b
Diagnosis		
The recording of spontaneous attacks with a video by an eyewitness should be considered for diagnosis of PPS. ^{116,154}	IIa	C
Tilt testing, preferably with concurrent EEG recording and video monitoring, may be considered for diagnosis of PPS. ^{116,403,407}	IIb	C

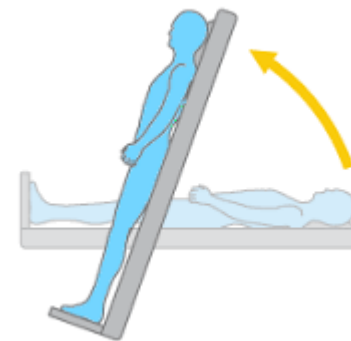


Tilt table testing to diagnose pseudosyncope in the pediatric population

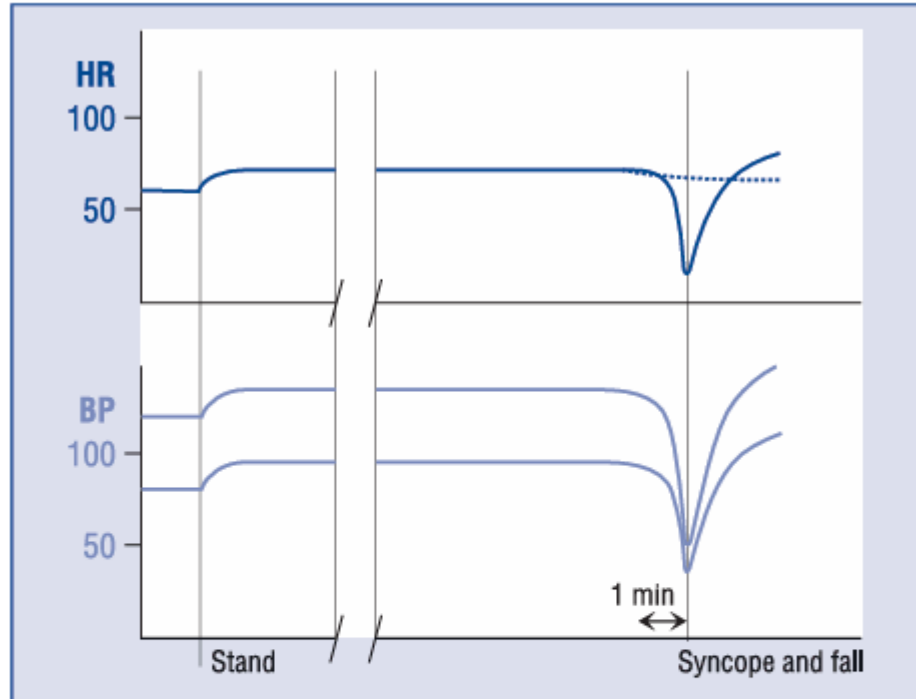
Jeffrey A. Robinson, MD  | Jill K. Shivapour, MD | Christopher S. Snyder, MD

Psychogenic pseudosyncope: Not always a diagnosis of exclusion

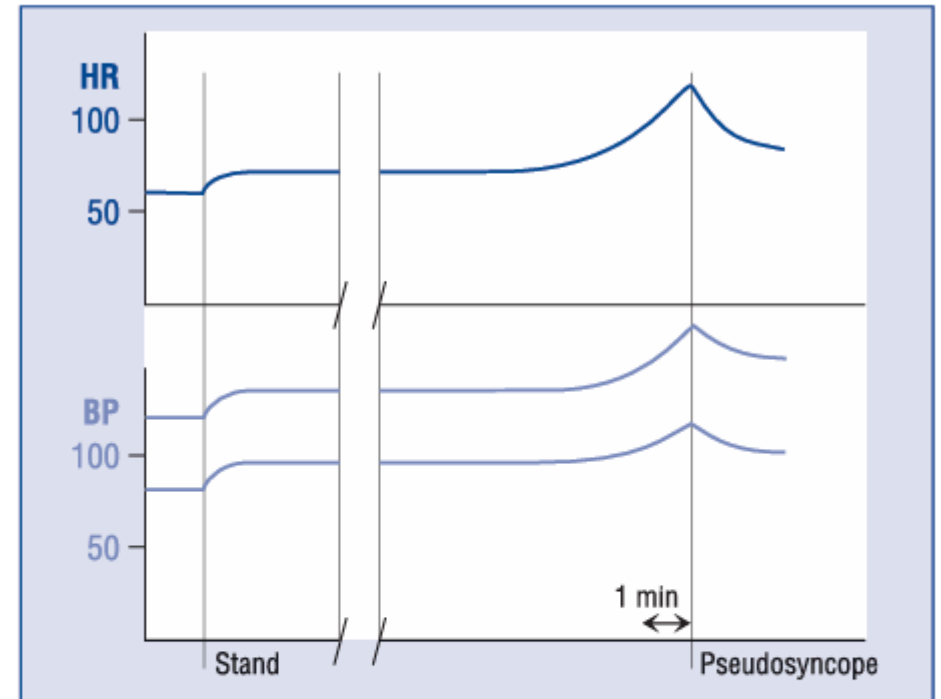
Kathleen E Walsh ¹, Trisha Baneck ¹, Richard L Page ¹, Michele Brignole ^{1 2}, Mohamed H Hamdan ¹



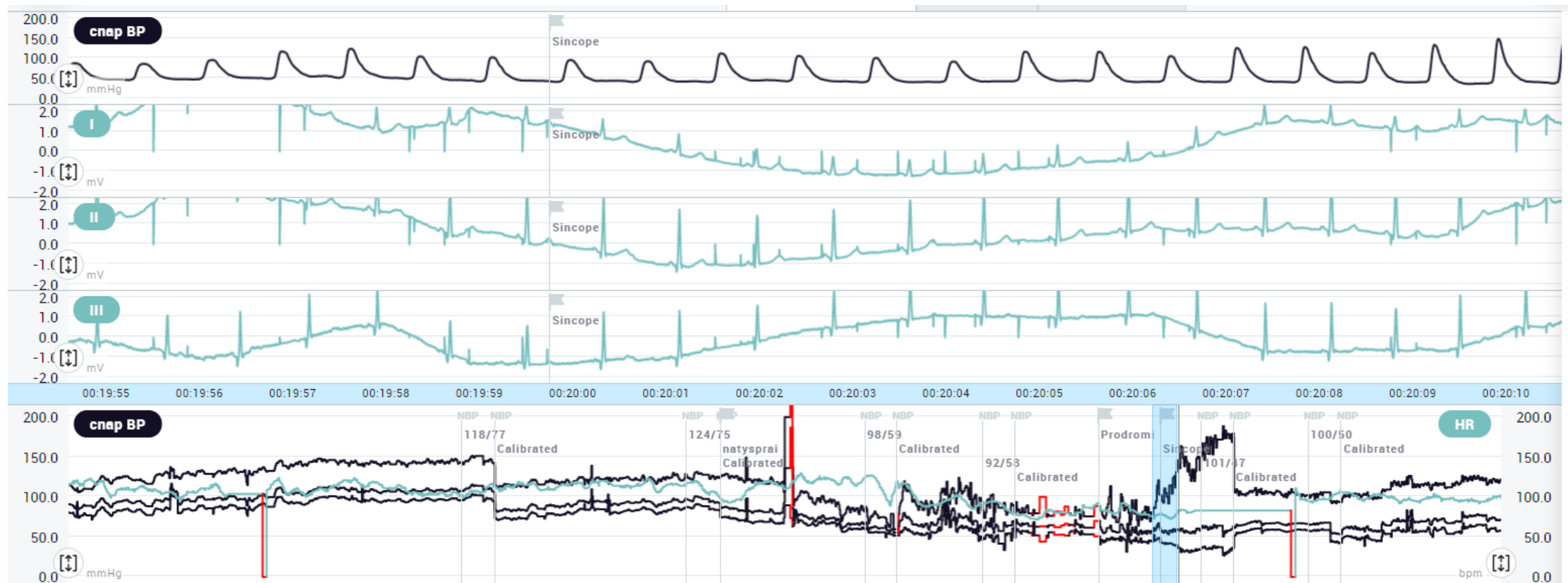
nelle casistiche adulte, l'HUTT riproduce l'episodio in circa **50%** dei pazienti con diagnosi finale di PPS; nelle popolazioni pediatriche/giovani selezionate, con alto sospetto pre-test e tecniche induttive, è stata riportata una sensibilità di circa **80%**.



VVS
Caduta progressiva di BP/HR
fino alla TLOC

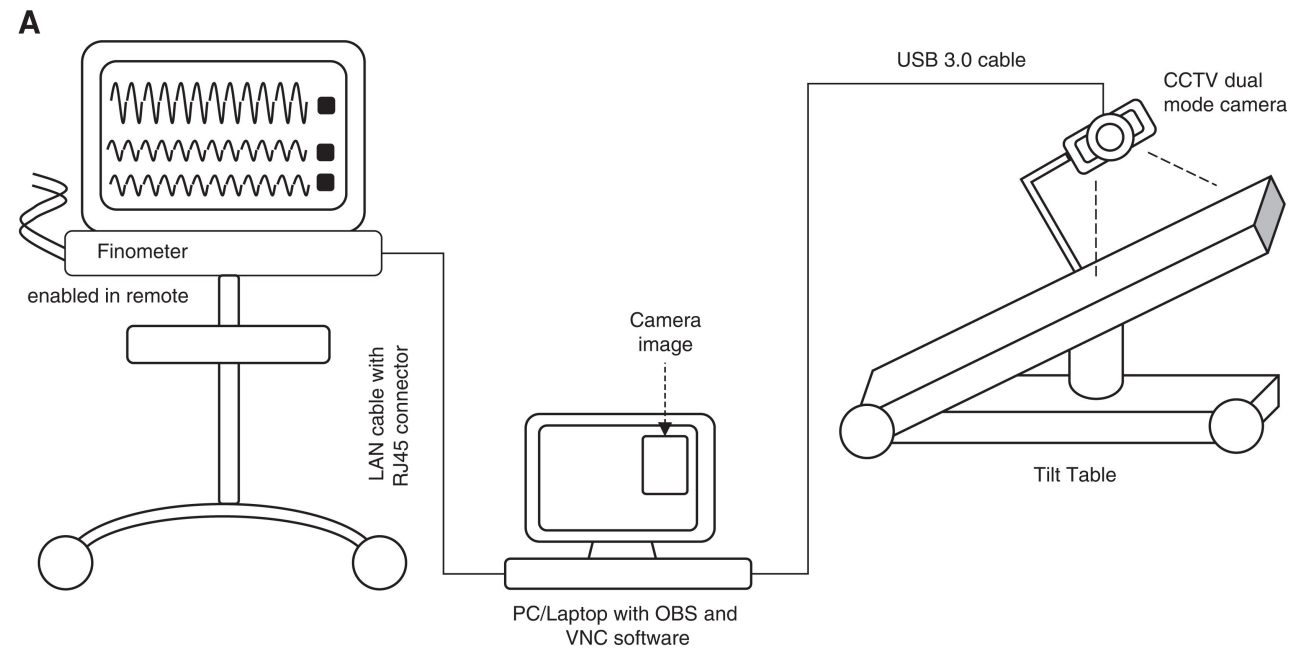


PPS
Incremento o stabilità di BP/HR
con EEG normale



A novel and practical method to add video monitoring to tilt table testing

Frederik Jorrit de Lange , Willem Petrus Merijn Emmanuël Hofland, Alessio Ferrara, Alessio Gargaro, Michele Brignole, Jan Gerrit van Dijk [Author Notes](#)



Use of Combined Electroencephalography and Tilt Table Testing to Determine Etiology of Loss of Consciousness

Neeraj Singh, M.D.¹; Timothy Lynch, M.D.²; Anthony Ritaccio, M.D.³

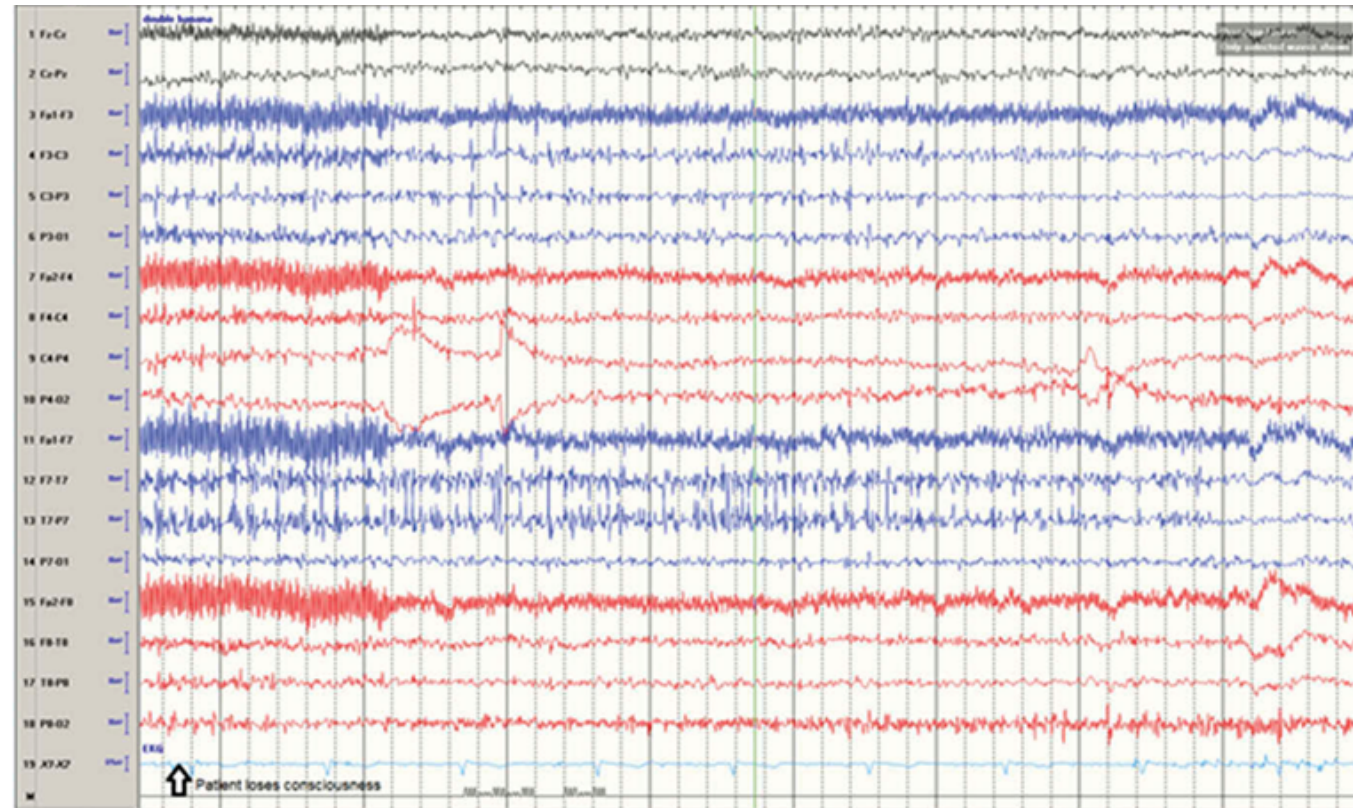


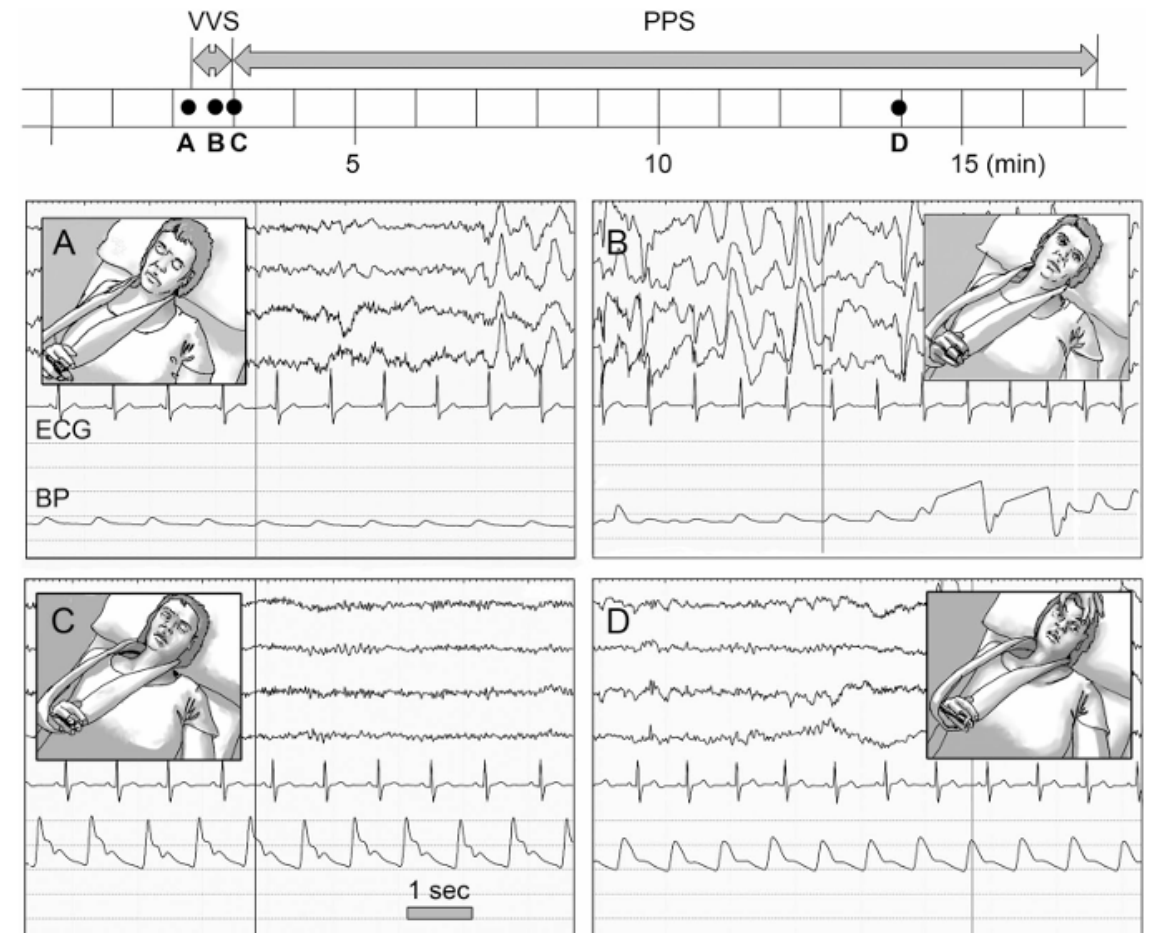
FIG. 2. Normal EKG and EEG patterns with motion artifact present during an episode of loss of consciousness, diagnostic of pseudosyncope. Sensitivity 7 μ V/mm, High frequency filter 70 Hz, Low frequency filter 1 Hz.

Tilt-induced vasovagal syncope and psychogenic pseudosyncope: Overlapping clinical entities

Helene Blad ¹, Robert Jan Lamberts ¹, Gert J van Dijk ¹, Roland D Thijs ²

- In **1164 tilt-table tests**, **23 pazienti (2%)** presentavano episodi combinati **VVS/PPS**
- La coesistenza VVS/PPS era più frequente di quanto atteso per caso: **2% vs 0.6%, $p < 0.001$**
- Nell'**83%** dei casi, la PPS seguiva immediatamente la VVS **dopo normalizzazione di FC, PA ed EEG**

Figure Example of consecutive VVS and PPS



TRATTAMENTO

1. La sola diagnosi di PPS ha dimostrato di ridurre significativamente la frequenza degli attacchi già nel mese successivo (p: 0.007)
2. La psicoterapia cognitivo-comportamentale (CBT) è attualmente la terapia di scelta in questi pazienti tuttavia le evidenze a riguardo derivano da studi condotti con PNES (crisi non epilettiche psicogene) e non direttamente su pazienti con PPS.
3. Il trattamento farmacologico ha evidenze limitate: gli antidepressivi triciclici non si sono dimostrati superiori al placebo

Grazie

