PLACE 2026
PLATFORM OF LABORATORIES FOR ADVANCES IN CARDIAC EXPERIENCE

CONGRESSO
ROMA, 25 - 27 Giugno 2026

La gestione della sincope nel dipartimento di emergenza

Ruolo dell'OBI nel miglioramento della gestione del paziente con sincope

Casagranda Ivo

Primario Emerito AOU e IRCCS

«Santi Antonio e Biagio e Cesare Arrigo» Alessandria

La normativa

Ministero della Salute

DIREZIONE GENERALE DELLA PROGRAMMAZIONE SANITARIA

LINEE DI INDIRIZZO NAZIONALI SULL'OSSERVAZIONE BREVE INTENSIVA - OBI

La normativa

L'iter di PS può esitare nell' ammissione della persona in OBI. Questa fase deve avere una durata non inferiore alle **6 ore** e non superare le **44 ore** totali dalla presa in carico in PS (Triage)

Il trattamento in OBI può esitare a sua volta in:

α) ricovero presso un'unità di degenza della struttura ospedaliera

β) Invio a domicilio.

Clin Exp Emerg Med. 2017 Dec 30;4(4):201–207.

Role of emergency department observation units in the management of patients with unexplained syncope: a critical review and meta-analysis

Nummeroso F, Mossini G, Lippi G, Cervellin G.

Table 1. Main characteristics of the studies included in the meta-analysis

Study	Year	Country	Design	Patients (n)	Male (%)	Mean age (yr)	CV disease (%)	Inclusion criteria
Shen et al.[11]	2004	US	RCT	51	49	64	43	Patients with undetermined syncope at intermediate risk
Rodriguez-Entem et al.[12]	2008	Spain	OS	199	54	67	NA	Patients not selected on a risk category basis
Sun et al.[13]	2013	US	RCT	62	47	65	23	Patients with undetermined syncope at intermediate risk
Grossman et al.[14]	2015	US	OS	27	33	53	22	Patients not selected on a risk category basis
Ungar et al.[15]	2016	Italy	OS	60	40	68.5	55	Patients not selected on a risk category basis
Numeroso et al.[16]	2016	Italy	OS	59	59	66.7	15	Patients with undetermined syncope at intermediate risk

CV, cardiovascular; RCT, randomized controlled trial; OS, observational study; NA, not applicable.

Clin Exp Emerg Med. 2017 Dec 30;4(4):201–207.

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Pooled estimates for the outcomes

Outcome	Sample size	Pooled estimates, % (95% CI)
Mean length of stay in the EDOU	380	28.2 (26.7–29.7)
Etiological diagnosis	396	67.3 (58.1-75.9)
Admission rate	372	18.5 (7.8-32.4)
Serious outcomes	181	2.8 (0.4-7.2)

CI, confidence interval; EDOU, emergency department observation unit.

Gestione della sincope in Europa (14 Paesi)

ORIGINAL ARTICLES

Management of syncope in the Emergency Department: a European prospective cohort study (SEED)

Reed, Matthew J.[a,b]; Karuranga, Suvi[c]; Kearns, David[d]; Alawiye, Salma[a]; Clarke, Ben[a]; Möckel, Martin[e]; Karamercan, Mehmet[f]; Janssens, Kelly[g]; Riesgo, Luis Garcia-Castrillo[h]; Torrecilla, Francisco Moya[i]; Golea, Adela[j]; Fernández Cejas, Juan Antonio[k]; Lupan-Muresan, Eugenia Maria[l]; Zaimi, Edmond[m]; Nuernberger, Alexander[n]; Rennét, Ondřej[o]; Skjaerbaek, Christian[p]; Polyzogopoulou, Effie[q]; Imecz, Judit[r]; Groff, Paolo[s]; Camilleri, Rene[t]; Cimpoesu, Diana[u]; Jovic, Miljan[v]; Miró, Òscar[w]; Anderson, Rory[x]; Laribi, Said[y]; on behalf of the SEED investigators

Author Information

European Journal of Emergency Medicine 31(2):p 136-146, April 2024. | **DOI:** 10.1097/MEJ.0000000000001101

Main results

Between 00:01 Monday, September 12th to 23:59 Sunday 25 September 2022, 952 patients presenting to 41 EDs in 14 European countries were enrolled from 98 301 ED presentations (n = 40 sites). Mean age (SD) was 60.7 (21.7) years and 487 participants were male (51.2%). In total, 379 (39.8%) were admitted to hospital and 573 (60.2%) were discharged. 271 (28.5%) were admitted to an observation unit first with 143 (52.8%) of these being admitted from this

Survey: gestione della sincope in OBI 2023

Current ED syncope management in Italian hospitals and prospects for optimization: a national survey

Filippo Numeroso[1] · Ivo Casagranda[2] · Roberto Lerza[3] · Andrea Ungar[4] on behalf of Gruppo Italiano Multidisciplinare per lo Studio della Sincope (GIMSI), the Academy of Emergency Medicine, Care (AcEMC)

Internal and Emergency Medicine (2024) 19:777–786
https://doi.org/10.1007/s11739-023-03463-w

Table 3 Current ED syncope management: multiple-choice questions

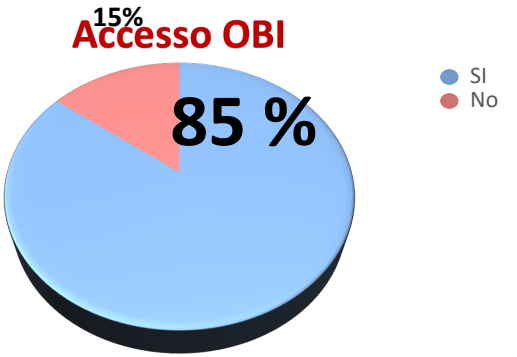
Item	N	%	p
Current syncope approach	101		
Standardized, through care pathways	32	31.7	> .05
Standardized, through other tools	25	24.8	
Usual care	44	43.6	
Triage use of specific scale for syncopal patients	100		
Yes	20	20	< .0001
No	80	80	
Rate of patients not directly discharged from ED managed in EDOU	97		
Over 80%	16	16.5	< .0001
50–80%	37	38.1	
< 50%	38	39.2	
I do not know	3	3.1	
Hospitalization rate	99		
< 20%	73	73.7	< .0001
20–50%	19	19.2	
> 50%	4	4	
I do not know	3	3	
Overall judgment on syncope management	99		
Optimal	1	1	< .0001
Good	50	50.5	
Decent	31	31.3	
Unsatisfactory	17	17.2	

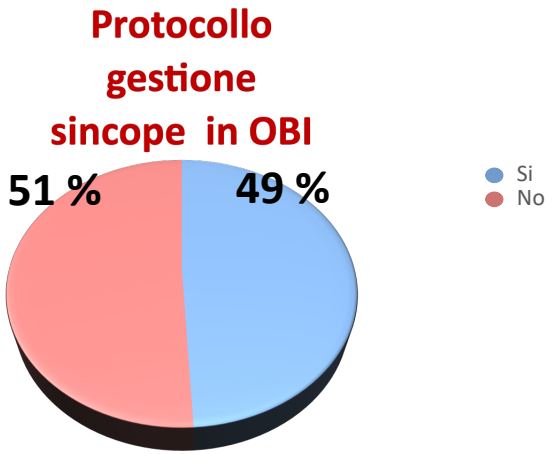
Censimento 2024

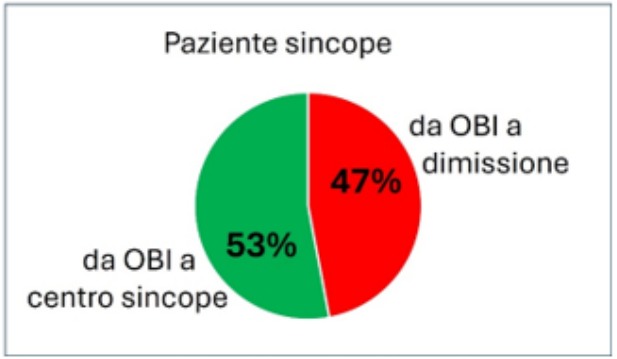
Il Censimento Italiano dei potenziali centri sincope 2024

Censimento 2024: OBI e gestione della sincope

DEA/PS 132 ospedali

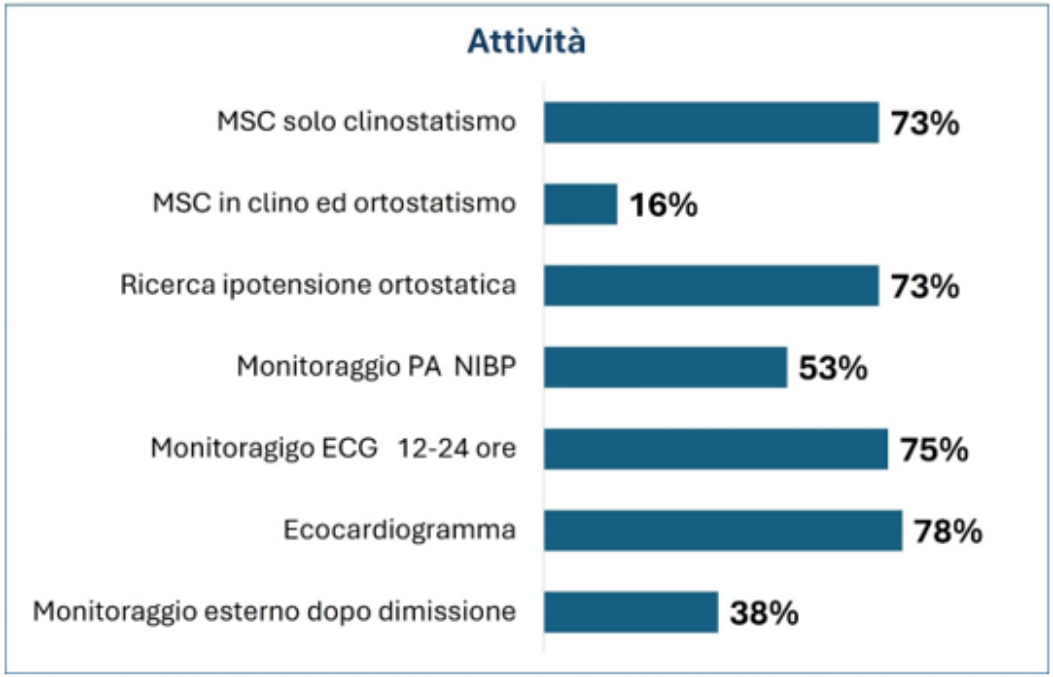






Attività disponibili per pazienti affetti da sincope in OBI

DEA / Pronto Soccorso: 132 ospedali



OBI e processo diagnostico

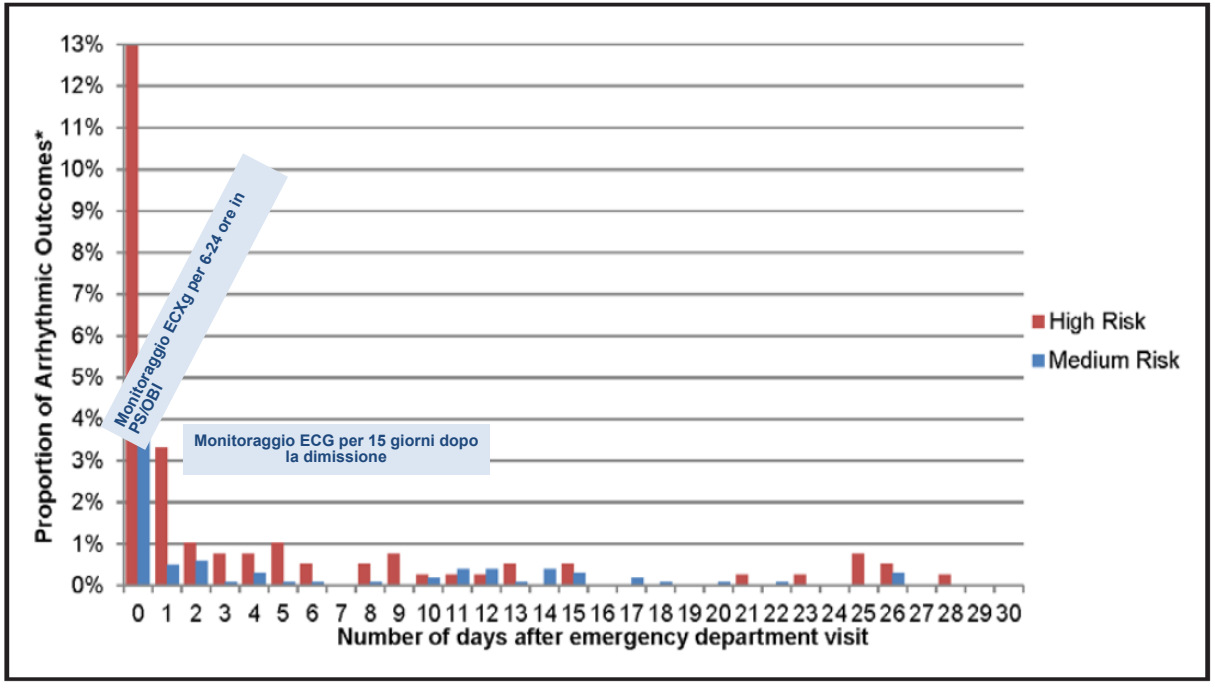
Minerva Med. 2021 Jun 28. doi: 10.23736/S0026-4806.21.07580-7. Online ahead of print.

How to simplify the implementation of Syncope ESC Guidelines in the Emergency Department and get on the road to achieve "zero inappropriate admissions"

Filippo Numeroso [1], Ivo Casagranda [2]

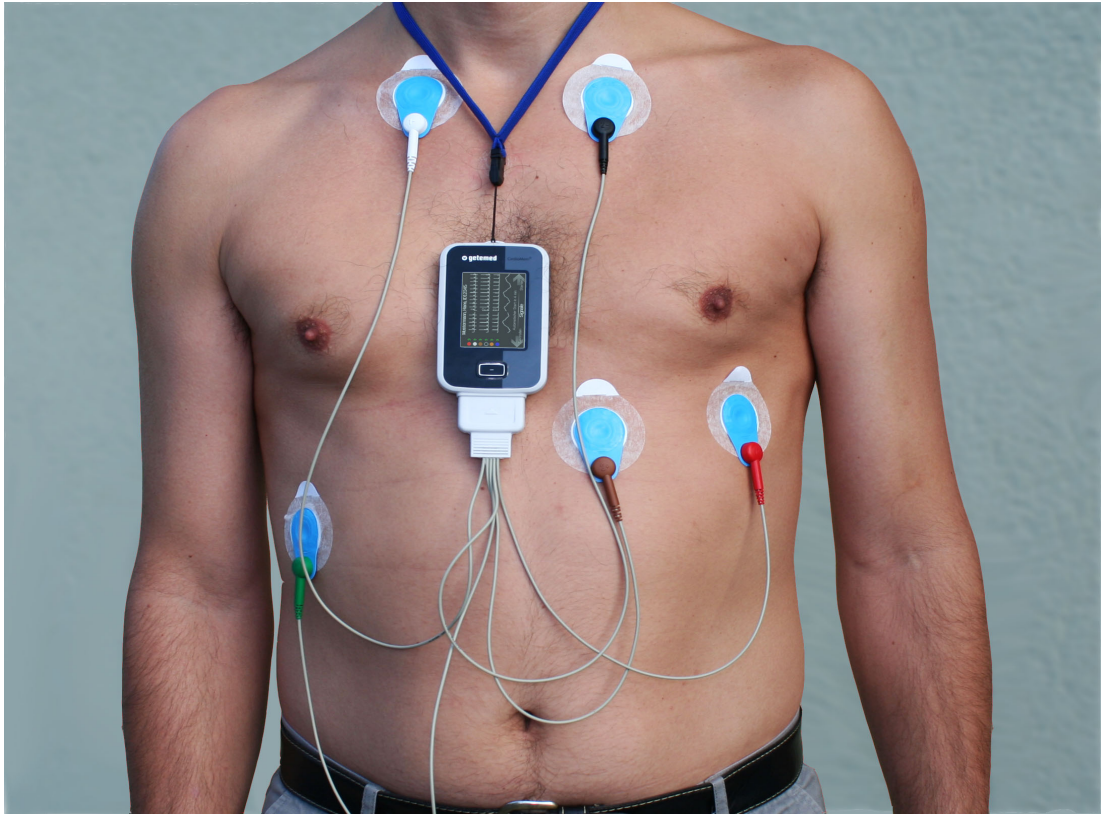
In EDOUS, il processo diagnostico potrebbe svolgersi in due tappe obbligatorie per tutti i pazienti, cioè rivalutazione clinica e monitoraggio cardiologico, e tre ulteriori tappe opzionali da ponderare sulla base della valutazione clinica, cioè esami di laboratorio e strumentali, test specifici sulla sincope, consulto dell'esperto sincope o di altri specialisti. In quest'ottica, la EDOUS si pone in stretta correlazione funzionale la Syncope Unit, del cui percorso funzionale rappresenta la prima parte.

Il monitoraggio ECG in OBI



Thiruganasambandamoorthy, et al *Circulation. 2019;139:1396–1406*

Monitoraggio prolungato



Monitoraggio prolungato

Ammissione in OBI

Sospetta PTdC di natura sincopale

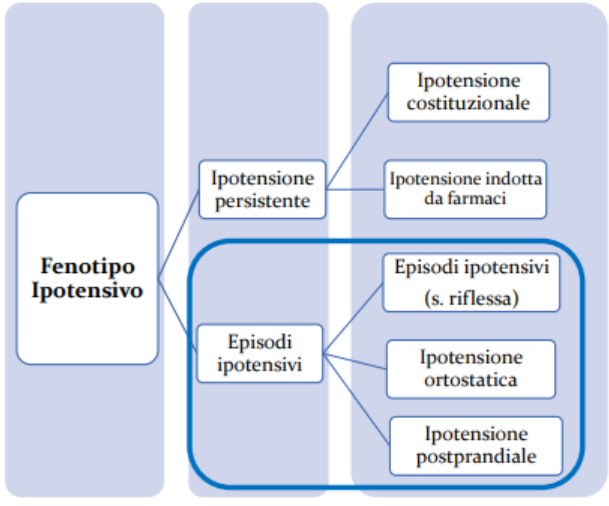
Se TCM o TCI ammissione in OBI

Sincope come sintomo di malattia organica acuta: se indicato OBI

Sincope di natura indeterminata dopo valutazione in PS: se indicato OBI

Esclusa la causa cardiaca se episodi frequenti e gravi e sospetto fenotipo ipotensivo valutare ammissione in OBI.

Fenotipo ipotensivo



Brignole M, Heart 2021

Monitoraggio della pressione arteriosa

- Misurazione da monitor fisso o in telemetria
- Sfigmomanometro portatile
- Rilevamento dei valori pressori ogni 15-30 minuti di giorno e 30 – 60 minuti durante la notte.
- Particolare attenzione al passaggio dal clino all'ortostatismo e nel periodo post pandiale

Monitoraggio della pressione arteriosa

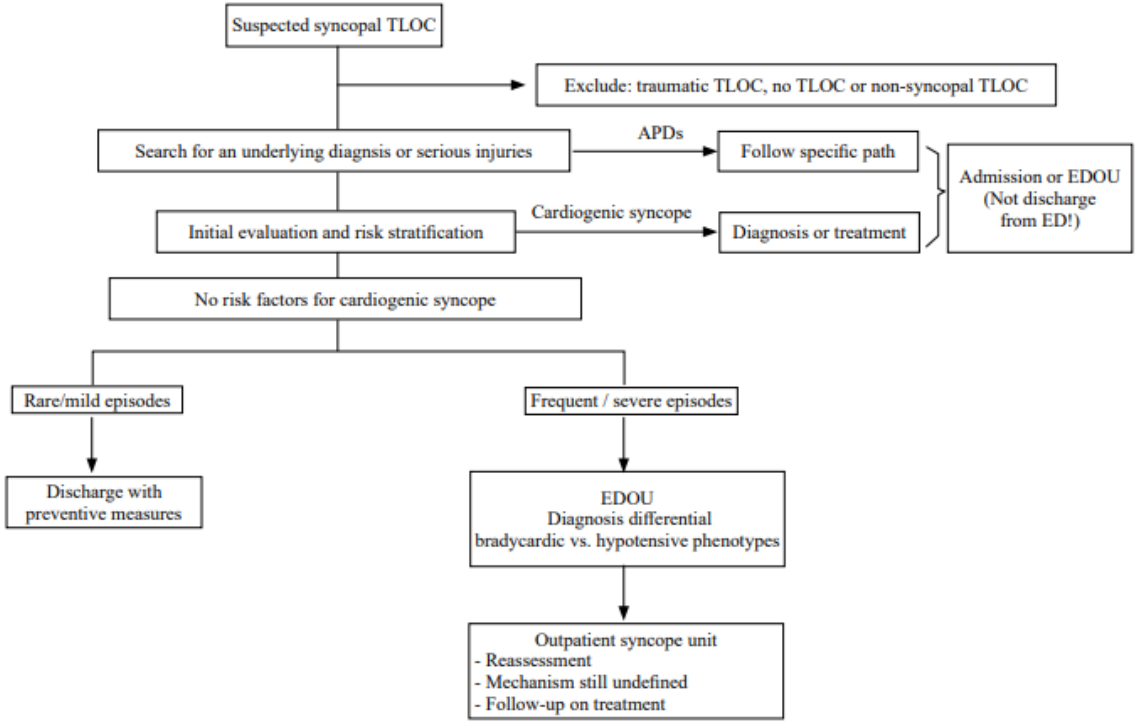
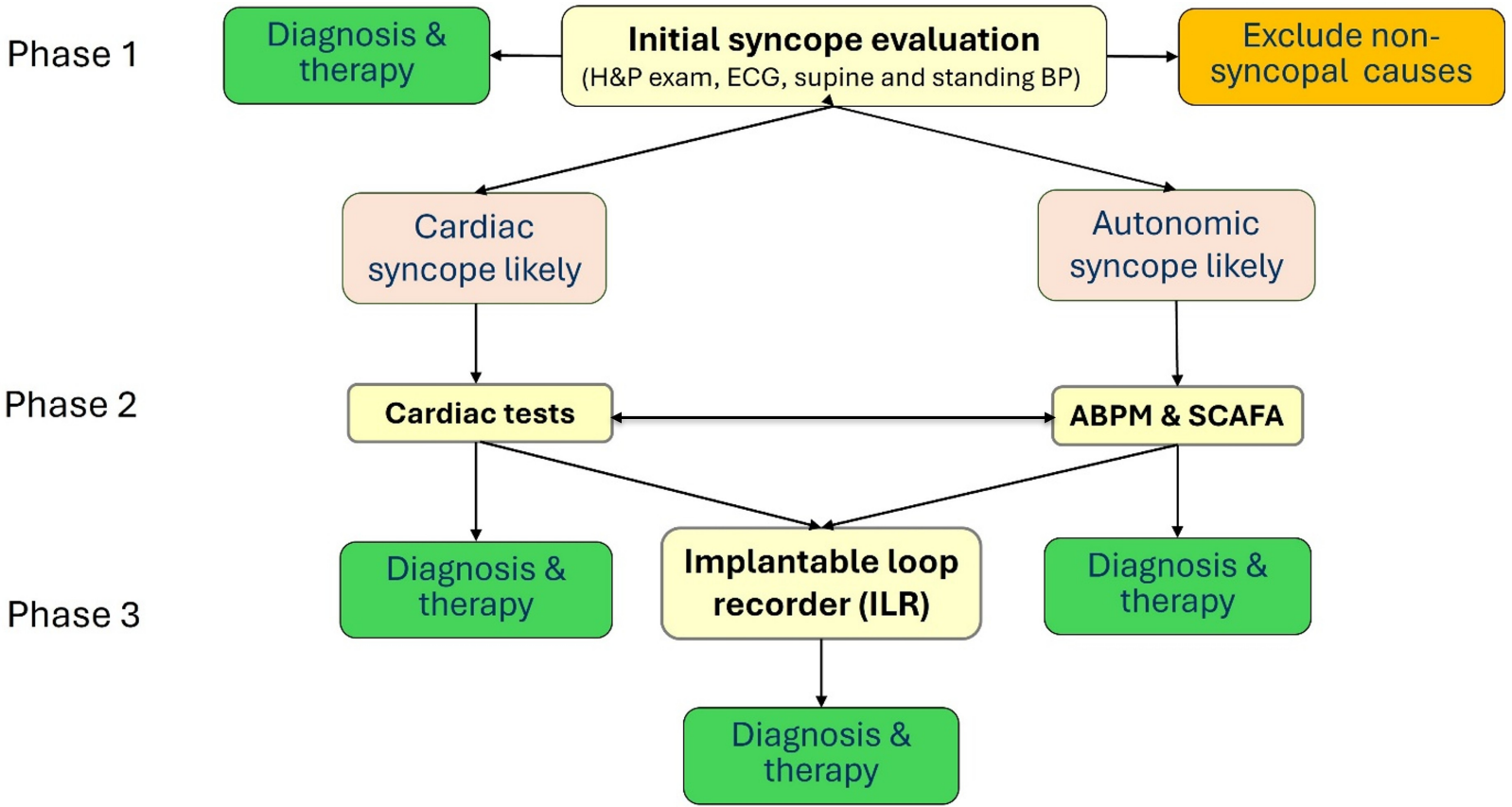


Figure 1. Emergency department risk stratification flow-chart for patients underlying syncope. TLOC: transient loss of consciousness; APDs: acute principal diseases; ED: emergency department; EDOU: emergency department observation unit.

Numeroso F, Casagranda I.World J Emerg Med 2023;14(2):128–132

Standardized guideline-based diagnostic syncope work-up



Obiettivo GIMSI

Management of syncope in the ED

ESC European Society of Cardiology

Should the patient be admitted to hospital?

Favour initial management in ED observation unit and/or fast-track to syncope unit	Favour admission to hospital
High-risk features AND: • Stable, known structural heart disease. • Severe chronic disease. • Syncope during exertion. • Suspected device malfunction or inappropriate intervention. • Pre-excited QRS complex. • SVT or paroxysmal atrial fibrillation. • ECG suggesting an inheritable arrhythmogenic disorders. • ECG suggesting ARVC.	**High-risk features AND:** • Any potentially severe coexisting disease that requires admission. electrophysiological study, angiography, device malfunction, etc. • Need for treatment of syncope.

2018 ESC Guidelines on Syncope – Michele Brignole & Angel Moya
European Heart Journal (2018) 39, 1883–1948

9

Objective: Zero admission