



Psychogenic Syncope

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INTRODUCTION

Syncope is a common cause of temporary loss of consciousness, resulting from a reduction in cerebral blood flow. Psychogenic syncope, however, refers to the loss of consciousness without any observed disturbance in cerebral perfusion. Thus, it is not considered an actual syncope attack and is more appropriately termed pseudosyncope (1). Psychogenic syncope is discussed in detail in this section after a brief definition and classification of syncope.

TRANSIENT LOSS OF CONSCIOUSNESS (TLOC)

TLOC can be identified by a sudden onset of unconsciousness, that lasts for a brief time and resolves spontaneously, resulting in total recovery (1). To diagnose TLOC, a thorough patient history should be taken, and the presence of the following three items is required:

1. Lack of normal motor control, which may manifest as flaccidity or rigidity, accompanied by sudden movements such as jerking, leading to loss of postural tone and a fall.
2. Loss of normal reaction ability.
3. Occurrence of amnesia during the event.

Non-traumatic TLOC is classified into four main groups: syncope, epileptic seizures, psychogenic (functional) TLOC, and other disorders causing TLOC

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duction in functional seizure frequency, while sertraline alone had no significant effect on reducing seizures (27%) (40).

CONCLUSION

PPS has a major influence on the patient's life and leads to decreased functionality. As a result, a delay in diagnosis can have a negative impact on the process. PPS is still under-recognized or misdiagnosed today, resulting in inadequate treatment and a poor prognosis. Key points for the management of PPS include establishing a good rapport with the patient, explaining the disorder and its psychosomatic pathomechanism to the patient, determining the influencing factors, handling the situation in a multidisciplinary manner, building a therapeutic model together with the patient, changing his/her illness beliefs, maladaptive thoughts, and behaviours, providing the required medical treatment for coexisting disorders, maintaining ongoing contact with the patient, and helping the patient develop coping strategies. The majority of the information on PPS comes from data on PNES and conversion disorder. Therefore, this area is still considered understudied, and much more research is needed in this field.

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