

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

SCOPE**1 Guideline title**

Management of transient loss of consciousness in adults

1.1 Short title

Transient loss of consciousness in adults

2 Background

- a) The National Institute for Health and Clinical Excellence ('NICE' or 'the Institute') has commissioned the National Collaborating Centre for Nursing and Supportive Care to develop a clinical guideline on the management of transient loss of consciousness in adults for use in the NHS in England and Wales. This follows referral of the topic by the Department of Health (see appendix). The guideline will provide recommendations for good practice that are based on the best available evidence of clinical and cost effectiveness.
- b) The Institute's clinical guidelines support the implementation of National Service Frameworks (NSFs) in those aspects of care for which a Framework has been published. The statements in each NSF reflect the evidence that was used at the time the Framework was prepared. The clinical guidelines and technology appraisals published by the Institute after an NSF has been issued have the effect of updating the Framework.
- c) NICE clinical guidelines support the role of healthcare professionals in providing care in partnership with patients, taking account of their individual needs and preferences, and ensuring that patients (and their carers and families, where appropriate) can make informed decisions about their care and treatment.

3 Clinical need for the guideline

- a) Transient loss of consciousness (T-LOC) may be defined as a spontaneous, transient, loss of consciousness with complete recovery. It may be described by the person as a 'blackout'. It affects 50% of the population at some stage of life, and is responsible for 3% of attendances at accident and emergency departments, and 1% of admissions to hospital.
- b) The main causes are dysfunction of the cardiovascular system (syncope), dysfunction of the nervous system (epilepsy) and dysfunction of the psyche (psychogenic seizures). Accurate and prompt diagnosis may be difficult because there is often a lack of reliable information about the episode and physical examinations are usually normal by the time the person is assessed. The situation is further complicated by the fact that both syncope and psychogenic seizure can be associated with abnormal movements, which may be reported by witnesses and may be confused with convulsions seen in epilepsy.
- c) Inaccurate initial clinical diagnosis, sometimes supported by inappropriate investigations, may lead to both the final diagnosis and treatment being incorrect. It is estimated that 25% of people diagnosed with epilepsy have been misdiagnosed; many of these have an underlying cardiac reason for their symptoms that has not been identified. It is also common for people presenting to accident and emergency departments to be discharged without a diagnosis, which may result in poor outcomes if a significant underlying cause has been missed.
- d) T-LOC can occur at any age and can have a significant impact on lifestyle and quality of life, especially in people given a diagnosis of epilepsy. They may suffer social stigmatisation, and they may be unable to attend work or education; they may also be restricted in many other ways such as being prevented from driving a car or

feeling fearful of venturing far from home. People may also incur injury during a period of unconsciousness, which can also affect their quality of life.

- e) The prognosis following T-LOC depends on the underlying cause. The most common cause of T-LOC is vaso-vagal syncope, which is not associated with any increased mortality; other cardiac causes of syncope, such as arrhythmias, are associated with a two-fold or higher increase in mortality. Early identification of high-risk groups is critical in reducing mortality.
- f) There is a need for guidance to improve the initial management of people who have experienced T-LOC. The principal aim of this guideline is to increase the number of people receiving a correct initial diagnosis, thereby reducing inappropriate further investigations and inappropriate treatment, and minimising the risk of patients leaving accident and emergency departments with a significant, unrecognised and potentially life-threatening underlying condition.
- g) Where appropriate, this guideline will refer to existing NICE guidance on the diagnosis and management of conditions, such as epilepsy, that are known to cause T-LOC.

4 The guideline

- a) The guideline development process is described in detail in two publications that are available from the NICE website (see 'Further information'). 'The guideline development process: an overview for stakeholders, the public and the NHS' describes how organisations can become involved in the development of a guideline. 'The guidelines manual' provides advice on the technical aspects of guideline development.
- b) This document is the scope. It defines exactly what this guideline will (and will not) examine, and what the guideline developers will

consider. The scope is based on the referral from the Department of Health (see appendix).

- c) The areas that will be addressed by the guideline are described in the following sections.

4.1 Population

4.1.1 Groups that will be covered

- a) Adults (18 years and older) who present having experienced a spontaneous, transient, loss of consciousness with complete recovery.
- b) Subgroups based on age will be considered, because the predominant causes of transient loss of consciousness vary by age.

4.1.2 Groups that will not be covered

- a) Children and young people (younger than 18 years).
- b) People with severe learning disabilities. The spectrum of clinical disorders that present with real, or apparent, loss of consciousness is different in this group. Also, people with severe learning disabilities will usually have access to established care pathways including clinical supervision by specialist services.
- c) Patients who have experienced T-LOC **after** sustaining a physical injury: for example, following head injury or major trauma.
- d) People who have experienced a collapse without loss of consciousness.
- e) Patients who have experienced a prolonged loss of consciousness without spontaneous recovery, which may be described as a coma.

4.2 Healthcare setting

- a) The guideline will cover the initial management of people presenting to primary care services (including GP surgeries, walk-in clinics and out-of-hours services), accident and emergency departments, minor injury units and paramedic services. It is anticipated that the guideline may also be applicable to NHS Direct and NHS Direct Wales.
- b) The guideline will include the management of people referred to specialist black-out clinics.
- c) The guideline will cover appropriate referral to secondary care for diagnostic investigations but will not cover treatment in secondary care after diagnosis.

4.3 Clinical management

- a) Initial assessment to determine the most likely underlying cause of the T-LOC. This will include:
 - patient history, including any eye-witness accounts
 - physical examination
 - initial diagnostic investigations.
- b) Admission criteria to target hospital admission at people who are likely to benefit from immediate investigation or treatment.
- c) Specialist referral based on the initial assessment of the most likely underlying cause. This will focus on appropriate referral for people with syncope and epilepsy, which are the most common causes of T-LOC.
- d) Diagnostic investigations following specialist referral. This will focus on diagnostic investigations for syncope. Existing guidance on the diagnosis of epilepsy will be signposted. The guideline will not cover the treatment of syncope or epilepsy following diagnosis, but will signpost existing NICE guidance where this is available.

- e) Management of people with recurrent episodes of T-LOC, including reassessment to determine the underlying cause.
- f) The Guideline Development Group will consider making recommendations on the principal complementary and alternative interventions or approaches to care relevant to the guideline topic.
- g) The Guideline Development Group will take reasonable steps to identify ineffective interventions and approaches to care. If robust and credible recommendations for re-positioning the intervention for optimal use, or changing the approach to care to make more efficient use of resources, can be made, they will be clearly stated. If the resources released are substantial, consideration will be given to listing such recommendations in the 'Key priorities for implementation' section of the guideline.

4.4 Status

4.4.1 Scope

This is the consultation draft of the scope. The consultation period is 3 April 2008 to 1 May 2008.

NICE has published the following related guidance:

- Atrial fibrillation: the management of atrial fibrillation. NICE clinical guideline 36 (2006). Available from: www.nice.org.uk/CG036
- Implantable cardioverter defibrillators for arrhythmias. NICE technology appraisal guidance 95 (2006). Available from: www.nice.org.uk/TA095
- Percutaneous occlusion of the left atrial appendage for atrial fibrillation. NICE interventional procedure guidance 181 (2006). Available from: www.nice.org.uk/IPG181
- Percutaneous radiofrequency ablation for atrial fibrillation. NICE interventional procedure guidance 168 (2006). Available from: www.nice.org.uk/IPG168

- Dual-chamber pacemakers for symptomatic bradycardia due to sick sinus syndrome and/or atrioventricular block. NICE technology appraisal guidance 88 (2005). Available from: www.nice.org.uk/TA088
- Falls: the assessment and prevention of falls in older people. NICE clinical guideline 21 (2004). Available from: www.nice.org.uk/CG021
- The epilepsies: the diagnosis and management of the epilepsies in adults and children in primary and secondary care. NICE clinical guideline 20 (2004). Available from: www.nice.org.uk/CG020
- Newer drugs for epilepsy in adults. NICE technology appraisal guidance 76 (2004). Available from: www.nice.org.uk/TA076

4.4.2 Guideline

The development of the guideline recommendations will begin in May 2008.

5 Further information

Information on the guideline development process is provided in:

- 'The guideline development process: an overview for stakeholders, the public and the NHS'
- 'The guidelines manual'.

These booklets are available as PDF files from the NICE website (www.nice.org.uk/guidelinesmanual). Information on the progress of the guideline will also be available from the website.

Appendix: Referral from the Department of Health

The Department of Health asked NICE to:

‘To prepare a clinical guideline on the management of transient loss of consciousness (T-LOC) in adults.’