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A New Feasible Syncope Risk Score; Appropriate for Emergency Department

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We aimed to compare current syncope risk stratification scores and propose a new more feasible and easy to use one.

Overall 356 patients (mean age: 44.5 years, 46.3% male) were followed for 3 months. Serious adverse events occurred in 26 (7.3%) patients including 4 deaths. Odds ratio for adverse events was 6.8 (95% CI: 2.8-16.1; <0.001, AUC: 66.3), 7.7 (95%CI: 3.2-18; <0.001, AUC: 72.8) and 18 (95%CI: 7.1-45.4; <0.001, AUC: 70.8) when considering SFRS, OESIL and ROSE scores as the predicting tools, respectively. We proposed a relatively more feasible risk score (presenting symptoms, history of cardiovascular diseases, ejection fraction<50% and pre-defined ECG abnormalities). According to this syncope score, odds ratio for occurring adverse events was 20.9 (95%CI: 8.4-52; P<0.001, AUC: 79.8).

The three syncope risk scores could somehow predict 3-month adverse events. We found a more feasible indicators which could predict serious events better. It suits well for Emergency Department.