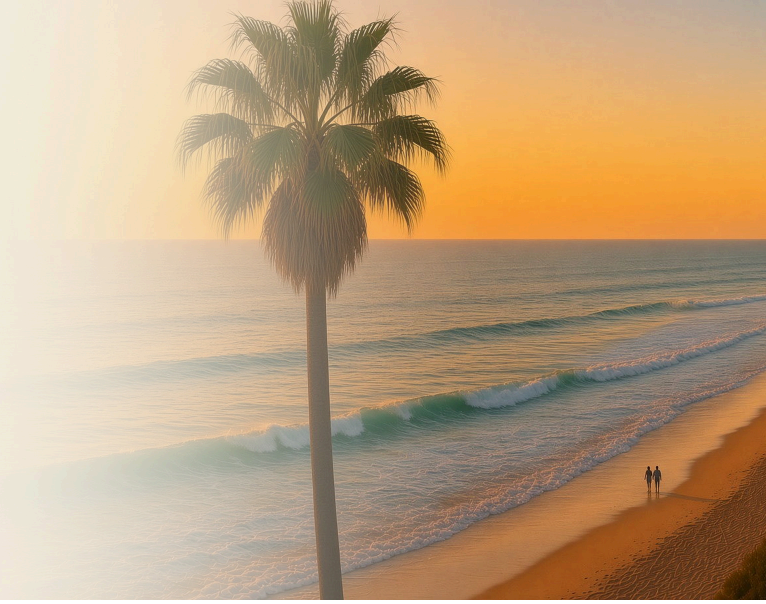
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Lightheaded or Fainted?

Feeling faint and passing out are different events. How to tell them apart, and which faints point to the heart.

About ½
of patients get a cause from a careful history, an exam and an EKG alone

10 to 20%
of fainting, roughly, has a serious heart cause the workup looks for

Under 50
a relative's unexplained sudden death at this age is a red flag

SAY WHAT YOU FELT

Four words that mean different things

Lightheaded (presyncope)
You feel you might pass out, but you stay aware. The room may gray out, and you sit down before you go down.

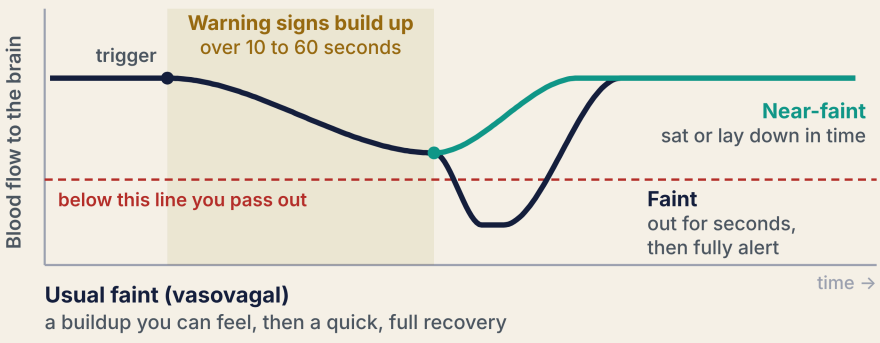
Fainted (syncope)
A true loss of consciousness, usually for seconds. You come back quickly and fully oriented, with no confusion afterward.

Vertigo
The room spins. It's usually an inner-ear problem, less often the brain, and neurology or ear-nose-throat doctors handle it.

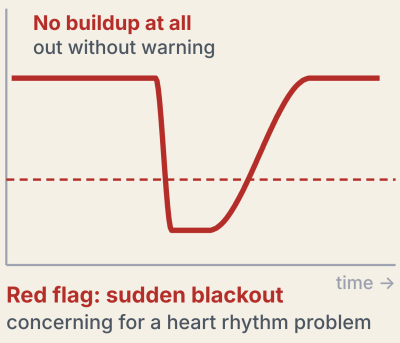
Dizzy
A catch-all word that can mean any of these, plus unsteadiness or weakness. Tell your doctor which one you had.

HOW A FAINT UNFOLDS

Most faints come with a warning



Usual faint (vasovagal)
a buildup you can feel, then a quick, full recovery



Red flag: sudden blackout
concerning for a heart rhythm problem

The most common faint is vasovagal, a reflex drop in heart rate and blood pressure set off by standing too long, pain, the sight of blood or heat. A faint with no warning at all is concerning for a heart rhythm problem until proven otherwise.

Write it down

The history is the most useful tool for sorting out a faint. Write down what you were doing, what you felt, how fast you recovered and what anyone who saw it noticed. Bring a full medication list, including over-the-counter drugs and supplements.

RED FLAGS AND WHEN TO CALL 911 ARE ON THE BACK

WHICH FAINTS ARE WARNING SIGNS

Red flags, and how fast to get seen

CALL 911

Chest pain	Fainting with chest pain, or with shortness of breath that doesn't settle.
Exertion	Fainting during exercise or other physical effort.
A long blackout	Out for more than a minute or two, or confusion that lasts after waking.
Serious injury	Fainting that causes a cut to the head, a possible broken bone or a car accident.
Repeat episodes	Several faints within a few hours.
Known heart disease	Fainting when you have a known structural heart problem or a weak heart pump (low ejection fraction).
Signs of stroke	Any sudden weakness, slurred speech, vision changes or severe headache.

GET SEEN THE SAME DAY OR NEXT DAY

A first faint	Your first-ever faint with no clear harmless cause.
Near-faints	Repeated lightheaded spells with no explanation.
At the wheel	Fainting while driving or running equipment.
Something new	A new pattern of fainting, or new palpitations followed by lightheadedness or fainting.

CLUES THAT POINT TO THE HEART

tell your cardiologist

No warning	Usual faints almost always build up first. Heart rhythm faints often don't.
Lying down	The usual reflex faint needs you upright, so fainting while lying down points to a rhythm problem.
Palpitations first	A pounding, fluttering or racing heart just before you faint points to a fast heart rhythm.
Family history	Unexplained sudden death in a relative under 50, or an unexplained car accident or drowning in the family.
Known heart problems	An abnormal EKG, a past heart attack, a weak heart pump, a valve problem or known coronary disease.

UNTIL YOU'RE EVALUATED

After an unexplained faint, don't drive, fly or do high-risk exercise. Stay off ladders and roofs, don't swim alone and don't run heavy machinery. Your team will tell you what's safe once the cause is known.

READ THE FULL ARTICLE

damianrasch.com/
lightheadedness-vs-syncope

For education only, and not a substitute for advice from your own physician. Sources include the 2018 ESC syncope guidelines, the 2017 ACC/AHA/HRS syncope guideline, the 2015 HRS expert consensus statement and the EGSYS score (Heart 2008).

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