



SADS FOUNDATION

SUDDEN ARRHYTHMIA DEATH SYNDROMES

Life-Saving Information for **Pediatricians:**

About sudden cardiac arrest and syncope or seizures in the young

- In one study, “on average, children with sudden cardiac arrest had three syncopal episodes or unexplained seizures before SCA. Half did not receive an ECG”. *From the Annual Meeting of the North American Primary Care Research Group 12/2010*
- Most SCD in the young is due to genetic conditions including Long QT Syndrome (LQTS), Hypertrophic Cardiomyopathy, Brugada Syndrome, etc.
- These conditions are frequently misdiagnosed as vasovagal syncope, asthma or epilepsy.

Remember: Syncope is not benign. Fainting usually does have a vasovagal etiology. But ‘vasovagal syncope’ is a diagnosis of exclusion. Everyone deserves at least one ECG

Evaluating syncope in a young person; perform an ECG if patient has:

- Syncope or seizure during or immediately after exercise, emotional excitement or sudden auditory arousal (“alarm clock”).
- No abnormal findings on EEG
- Consistent or unusual chest pain and/or shortness of breath during exercise.
- syncope associated with palpitations or irregularities of the heart
- Family history of recurrent syncope or sudden death (including drowning).

Make a Referral: to an electrophysiologist—and let the family know that parents should have their heart checked as well as all siblings.