



Syncope and Suicide; Two Facets of a Life Threatening Coin

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Introduction

Life is a precious gift from Allah and life threatening situations as syncope and suicide or para suicide must be taken seriously to maintain such a gift and let humans enjoy it productively and happily. Health care providers especially mental health professionals are concerned with early detection of such distressing situations and implementation of the necessary measures to deal with promptly.

Syncope

Syncope is the Greek word from which the term syncope was derived. Syncope is defined as a temporary loss of consciousness due to reversible disturbance of cerebral functions. In children, it is commonly neurally mediated and usually improves or resolves spontaneously. It is characterized by rapid or sudden onset of loss of consciousness due to lack of cerebral blood flow. If the patient is not supported, he will fall but such an attack is transient [1].

Syncope is oftenly benign in children but sometimes it precedes some serious potentially life threatening causes. Pediatric syncope could be classified into: neurally mediated, cardiovascular, non-cardiovascular, and fictitious syncope [2].

Epidemiology of pediatric syncope

Pediatric syncope is not uncommon as about 20% of all children will suffer from at least one episode of fainting before growing up to adulthood. Before the age of 6 years, it is unusual except in epileptic children or those experiencing breath holding attacks. On the other hand, its peak incidence occurs around the age of 15 yrs while its lower peak occurs in infants and toddlers (breath holding attacks). It is more prevalent among females [1-3].

Vasovagal syncope

Vasovagal syncope is the most prevalent type of pediatric syncope and results from sudden changes in posture, changes in circulating blood volume, or the direct release of catecholamines from higher cerebral centers. The efferent response includes peripheral alpha adrenergic withdrawal and enhanced parasympathetic tone. It is related to beta adrenergic hypersensitivity of baroreceptors of blood vessels or mechanoreceptors of the left ventricle [2].

Light headedness, dizziness, nausea, shortness of outreach, pallor, sweating, and visual changes are the main premonitory symptoms of vasovagal syncope. Its diagnosis relies on its symptoms and signs preceded by prodroma for few seconds to minutes, initiated by provocative events, and being brief in duration. Such provocative events include emotional stress like intense fear or anxiety, sudden postural changes, anemia, dehydration, and or hunger. On the other hand, vasodepressor syncope that occurs in children associated with exercise is commonly encountered immediately after activity termination [2, 3].

The child who experiences vasovagal attacks should be thoroughly investigated by ECG with complete cardiac evaluation, EEG and full neurological assessment, exercise stress monitoring, and psychometric evaluation to exclude serious causes of loss of consciousness and individualize the intervention plan for each case. In typical vasovagal attacks resolution is common with behavior modification, prodromal recognition, and early intervention [3].

Fictitious (Fake) Syncope

Fake syncope is usually associated with stressors encountered by healthy children or those with underlying psychopathology as conversion disorders, attention seeking behavior, malingering, and panic attacks with hyperventilation [4]. Normal vital signs, normal investigations, absence of traumatic injury with falling if any, and occurrence in front of others are crucial clues in spotting fake syncope.

Suicide and para suicide

Suicide is defined as death caused by self-directed injurious behavior with intent to die as a result of such a behavior while suicidal attempt or para suicide is a non-fatal self-directed potentially injurious behavior with intent to die but the attempt is unlikely to succeed or result in injury for some reason or another and might be considered as a cry for help in a painful way. On the other hand, suicidal ideation refers to thinking about, considering, or planning suicide [5].

There are many risk factors for suicidal acts or ideation including mental disorders as depression, anxiety, and post-traumatic stress disorder. Family history of suicide, violence, or substance abuse is alarming. Stressful life events as romantic breakup, scholastic failure or poor achievement, being a victim of violence, or experiencing serious conflicts with family members or friends with lack of coping strategies, adaptive skills, rich life experience, and or social support are usually encountered among those committing suicide or para suicide [6-9].

It is important to be familiar with cultural or non-cultural misconception about suicide to create public awareness about their serious consequences and implement early preventive measures to deal with. Alarming signs in youth as pre-occupation with suicidal talks and thoughts, poor self-esteem with under-estimation by others, and or repeated academic, occupational and or social frustrations should not

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be ignored and must be taken seriously by family members and mental health professionals to decrease the prevalence of suicide [11].

Implementation of screening programs for substance abuse/ overdose, dangerous driving, and or other risk taking behaviors is recommended on national basis if financially feasible or at least among emergency room attendees [11, 12].

Conclusion

In conclusion, life is a blessing from Allah and people across the globe have the right to enjoy it productively and happily. Policy makers, health care providers especially mental health professionals, and our communities must be aware of risk factors that threaten human lives to pick them as early as possible and implement all the necessary measures to deal with aiming at improving the quality of life of their people and empower them to efficiently share in the growth and development of their nations.

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Conflict of Interest

None

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