



Syncope Trust And Reflex anoxic Seizures

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Cognitive Behavioral Therapy (CBT) for Syncope

Why consider psychological therapy for Reflex Syncope?

Syncope is a common condition and can impose a considerable impact on an individual's quality of life. People with recurrent syncope report significant levels of psychological distress about intrusive and disabling symptoms (fatigue, blackouts, nausea), losses and changes in roles (work, health, activities) and challenges to independence (relationships, mobility and sense of self). Many patients with syncope experience troubling anxiety with worry and fear associated with their symptoms, some report panic and others experience depression. This is not surprising given the unpredictability of the condition, possible triggers and potential impact it can have on confidence about everyday tasks. Whilst some people seem to push on in spite of it, others find it a frustrating, disabling condition. Furthermore, psychological distress has been found to have an effect on response to medical treatment and advice – people who are more distressed tend to respond less well to treatment.

How is CBT beneficial?

Addressing the psychological responses to syncope is important, as it is with other long term conditions. There is evidence that Cognitive Behavioral Therapy (CBT) results in improvements in emotional distress and disability in reflex syncope and other physical conditions such as irritable bowel, pain and fatigue. It is a therapy that supports a self-management approach to coping with the condition and uses tried and tested methods. CBT has been found to be one of the most effective treatments for conditions where anxiety, frustration and depression are significant problems.

What is CBT?

CBT is a talking treatment directed at the ways you respond to and cope with present difficulties. It is based on understanding the impact of particular situations on what we think, on what we do (or avoid), our physical feelings and our emotions. Thoughts, actions, emotions and physical feelings can all interact. So, if you are anxious about syncope you might worry about becoming faint whilst holding responsibility for something important, or embarrassing social consequences or about possible physical injury to yourself or others. These worries might understandably lead you to avoid some situations and perhaps take various precautions. You may become unhelpfully hyperaware of physical signs and become increasingly anxious. This can set off adrenaline driven symptoms such as a racing heart and increased breathing, which in turn can leave you feeling dizzy. This is a vicious cycle and can make you feel worse, resulting in low mood and frustration. When we feel distressed we are more likely to interpret situations in unhelpful ways.

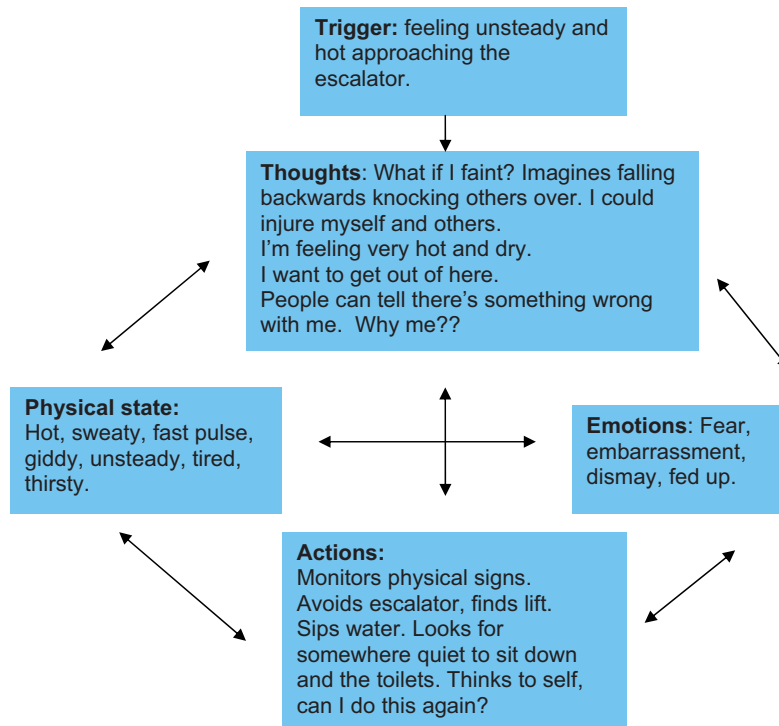
How can I get CBT?

Ask your GP or hospital specialist team for a referral to someone trained in CBT. The British Association for Behavioural and Cognitive Psychotherapies have a register of accredited CBT therapists. You could also try self help - there are some interactive computer based programmes (for example Beating the Blues and Fear Fighter) available through your GP, and self help books on CBT approaches to coping with physical illness.

For further information contact STARS

Case study example:

Richard has been dreading going away on a business trip and worries about how he will cope if he has a syncopal attack. At the airport he hears his flight called and walks down the long corridor to the elevator for the departure gate. He starts to notice feeling unsteady, giddy and hot.



Working with an experienced CBT therapist, Richard can start to identify his difficult experiences into these separate parts, as well as notice the impact of these on other aspects of his life. This can allow him to see how this problem is operating and start to identify areas for change. For example, Richard might find it helpful to develop his skills in symptom management – perhaps practising using applied tension or relaxation in trigger situations.

A CBT approach provides a means to guide you and your therapist to map out current experiences in detail and look for opportunities for trying out alternative ways of thinking, predicting, paying attention and acting. The goal is to improve your quality of life by addressing emotional distress and managing physical symptoms better. It is an active therapy – you have to be prepared to investigate and try out different approaches and evaluate the impact, and sometimes this can make you more anxious before you improve. It usually involves working collaboratively with a therapist, perhaps for six weeks to six months; it is not a quick fix.

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 Approved by: STARS Medical Advisory Committee

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