**INDEPENDENT PREDICTORS OF MORTALITY, REHOSPITALIZATION, AND CARDIAC SYNCOPE IN THE ELDERLY: A RETROSPECTIVE STUDY**

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Objectives: To investigate the etiologies of syncope and the independent prognostic risk factors for all-cause mortality, rehospitalization, and cardiac syncope. To evaluate the risk stratification tools San Francisco Syncope Rule. (SFSR) and Osservatorio Epidemiologico sulla Sincope nel Lazio Score (OESIL) as independent prognostic risk factors.

Background: Syncope in the elderly is common and is associated with high morbidity and mortality.

Methods and Results: Retrospective study of 352 elderly patients (mean age 78 years and 53% men) with a 2-year follow-up. The etiologies of syncope were, vasovagal 12%,volume depletion 14%, orthostatic hypotension 5%, cardiac syncope 29%(ventricular tachyarrythmias 6%, supraventricular tachyarrythmias 4%, sick-sinus syndrome 6%, atrioventricular nodal block 4%, aortic stenosis and hypertrophic obstructive cardiomyopathy 4% ,and acute coronary syndromes(ACS) 5%), carotid sinus hypersensitivity 2%, drug overdose/others 7%, and idiopathic 31%. Of the 352 patients, 10(3%) were readmitted for syncope, and 39(11%) died during follow-up. Stepwise logistic regression analysis identified congestive heart failure (CHF)

(OR 5.18 ,95%CI 1.23-21.84, p<0.05) and ACS(OR 5.95,95%CI 1.11-31.79, p<0.05) as the independent risk factors for rehospitalization. Significant independent prognostic factors for mortality were diabetes mellitus (DM)(OR 2.08,95%CI 1.09-3.99,p<0.05), and history of smoking (OR 2.23,95%CI 1.10-4.49,p<0.05). Use of lipid-lowering agents was a significant independent negative predictor for mortality (OR 0.37,95%CI 0.19-0.72,P<0.05). Independent risk factors for predicting a cardiac cause of syncope were abnormal electrocardiogram (OR 2.58, 95%CI 1.46-4.57,p<0.05) and ejection fraction<55%(OR 2.92,95%CI 1.70-5.02,p<0.05).

Conclusions: Independent predictors for mortality were DM and smoking. Independent predictors of rehospitalization were CHF and ACS. Neither high-risk SFSR nor OESIL score >2 were independent risk factors.