Table 2: Tilt-table testing for evaluation of syncope: principal indications

Tilt-table testing is warranted
Recurrent syncope or single syncopal episode in a high-risk patient. Whether or not the medical history is suggestive of neurally mediated (vasovagal) origin, *and* (1) no evidence of structural cardiovascular disease *or* (2) structural cardiovascular disease is present, but other causes of syncope have been excluded by appropriate testing
Further evaluation of patients in whom an apparent cause has been established (e.g., asystole, atrioventricular block), but in whom demonstration of susceptibility to neurally mediated syncope would affect treatment plans
Part of the evaluation of exercise-induced or exercise-associated syncope
Reasonable differences of opinion exist regarding the utility of tilt-table testing
Differentiating convulsive syncope from seizures
Evaluating patients (especially the elderly) with recurrent unexplained falls
Assessing recurrent dizziness or presyncope
Evaluating unexplained syncope in the setting of peripheral neuropathies or dysautonomias
Follow-up evaluation to assess therapy of neurally mediated syncope
Tilt-table testing not warranted
Single syncopal episode, without injury and not in high-risk setting with clear-cut vasovagal clinical features
Syncope in which an alternative specific cause has been established and in which additional demonstration of neurally mediated susceptibility would not alter treatment plans
Potential emerging indications
Recurrent idiopathic vertigo
Recurrent transient ischemic attacks
Chronic fatigue syndrome
Sudden infant death syndrome (SIDS)

*Reproduced from *JACC* 1996;28:263-75[6] with the permission of the American College of Cardiology.

[Return to text]