

# INFORMATION FOR PATIENTS UNDERGOING HEAD UP TILT TEST

**For the diagnosis and treatment of syncope of a nature to be determined, the HEAD-UP TILT TEST is indicated.**

### **PURPOSE OF THE PROCEDURE**

The tilting test, or head-up tilt test (HUT) is an examination that allows in a high percentage of cases to understand the cause and mechanism of syncope (fainting). Prolonged standing in predisposed patients can induce changes in neurovegetative tone (increase in "vagal" tone) and as a final effect a drop in blood pressure and/or heart rate, with consequent reduction in blood flow to the brain and transient loss of consciousness. Restoring the supine position allows a rapid return to normal blood pressure and heart rate with consequent regression of symptoms.

With the tilting test, a possible syncopal episode can be reproduced in a protected environment and under continuous monitoring of blood pressure and heart rate, thus avoiding further more complex diagnostic investigations or, in some cases, intervening with targeted therapies, for example pharmacological or pacemaker implantation.

### **DESCRIPTION OF THE PROCEDURE**

The examination is performed by a nurse with the presence or ready availability of a doctor. The patient must be fasting for at least 8 hours and is placed on a special bed at an inclination of 60°. Belts secure the patient to the couch. During the exam, the nurse takes blood pressure measurements while the doctor monitors the heart rhythm and the presence of any symptoms. After 20 minutes, during which blood pressure and heart rate are constantly monitored, in the absence of significant symptoms, a sublingual tablet of nitroglycerin is administered for another 20 minutes before the test is considered negative (total duration 40 minutes).

The patient should continually report any complaints or symptoms to the doctor or nurse.

The test is stopped in the following cases:

- completion of the protocol in the absence of symptoms (negative test);
- occurrence of syncope;
- progressive fall in blood pressure for more than 5 minutes associated with any disorder, even in the absence of syncope;

In the event of syncope and/or severe lowering of blood pressure and/or severe reduction in heart rate, the examination is interrupted by placing the patient on his/her back and possibly administering liquids and/or atropine.

### **POSSIBLE COMPLICATIONS**

The examination does not involve significant risks; however, for better management of any disturbances subsequent to the lowering of blood pressure and/or heart rate (headache, dizziness, nausea, vomiting, ..), the nurse prepares the patient with a drip in order to be able to administer medicines (atropine) or liquids if necessary.

### **ALTERNATIVES**

THERE ARE NO REASONABLE ALTERNATIVES to performing the Head-Up Tilt Test to monitor pressure and ECG behavior during neurovegetative tone stimulation.

### **FORESEEABLE OUTCOMES OF NON-TREATMENT**

If I decide NOT to have the procedure, it may not be possible to determine the cause of my symptoms (syncope).





**THE PROCEDURE WILL BE CARRIED OUT BY ONE  
OR MORE OF THE FOLLOWING DOCTORS:**

- dr. Massimo Zecchin,
- dr. Bianco Elisabetta,
- dr. Luca Salvatore,
- dr. Fulvia Longaro,

**DIAGNOSTIC AND INTERVENTIONAL ELECTROPHYSIOLOGY UNIT**

**Responsible: dr. M. Zecchin**

**CONTACTS**

**Secretariat 040 399 4865;**

**Pacemaker Clinic 040 399 4828; Monday-Friday 8.30-13.30;**

Drafted by ASUGI's Communication, External Relations, Press Office,  
URP on the basis of texts provided by dr. Zecchin of the Cardiology  
Department

**CARDIOLOGY DEPARTMENT**

Director: prof. Gianfranco Sinagra

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