cardiology - Cardiology Outpatient Clinic Letter

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Patient demographics, attendance details and GP practice

Patient demographics		Attendance and GP details	
Patient name	Margaret Ellison	Date of appointment/contact	2025-02-11
Date of birth	1956-09-18	Contact type	Clinic Letter
NHS number	943 618 2057	Consultation method	Face-to-face outpatient consultation
Hospital ID	RCH-5841936	Seen by	Dr Hannah Mercer, Consultant Cardiologist
Patient address	14 Willow Mews, Brackenford, Westshire, WS4 8QL	Outcome	Symptomatic orthostatic hypotension causing presyncope, likely related to antihypertensive therapy and reduced fluid intake.
Sex	Female	GP name	Dr Imran Shah
		GP practice	Brackenford Medical Practice

Dear Margaret Ellison,

Thank you for attending Rapid access syncope clinic. The main outcome was: Symptomatic orthostatic hypotension causing presyncope, likely related to antihypertensive therapy and reduced fluid intake.

Diagnoses

- Symptomatic orthostatic hypotension causing presyncope, likely related to antihypertensive therapy and reduced fluid intake.
- Mild
- Haemodynamically stable with no high-risk features for cardiac syncope.

Allergies and adverse reactions

- No known drug allergies.
- No known drug allergies

Diagnosis explained in plain English

- The normal ECG, echocardiogram, ambulatory ECG monitor and blood tests were reviewed. The clinically significant postural blood pressure fall was explained as the likely cause of her symptoms.
- We discussed risk of falls or injury if symptoms occur while standing, and the need to seek urgent assessment for true syncope, exertional collapse, chest pain, sustained palpitations or new breathlessness.
- Following discussion of the benefit of blood pressure control against postural symptoms, Margaret agreed to stop bendroflumethiazide, continue amlodipine, increase regular fluid intake and monitor blood pressure with her GP.

Examination Findings

Blood Pressure: Seated 132/76 mmHg; standing at 3 minutes 108/68 mmHg, with reproduction of light-headedness.. Heart Rate: 72 beats per minute seated; 80 beats per minute standing. Respiratory Rate: 16 breaths per minute. Oxygen Saturation: 98% on room air. Weight: 64 kg. Bmi: 24.6 kg/m2

Cardiovascular Examination

Finding	Details
Pulse	Regular, normal volume, 72 beats per minute.
Jugular Venous Pressure	Not elevated.
Heart Sounds	Normal first and second heart sounds.
Murmurs	No murmur.
Peripheral Oedema	No peripheral oedema.
Chest Findings	Clear breath sounds bilaterally.
Peripheral Pulses	Radial and dorsalis pedis pulses palpable and symmetrical.

Investigation results

Investigation	Investigation result
Haemoglobin	132 g/L
Sodium	139 mmol/L
Potassium	3.8 mmol/L
Creatinine	74 micromol/L
Estimated glomerular filtration rate	84 mL/min/1.73 m2
Thyroid stimulating hormone	1.86 mIU/L
Non-HDL cholesterol	3.1 mmol/L
Reference Range	Laboratory reference ranges: haemoglobin 115-160 g/L; sodium 133-146 mmol/L; potassium 3.5-5.3 mmol/L; creatinine 45-90 micromol/L; TSH 0.27-4.20 mIU/L.
Chest Xray	14 January 2025: no acute cardiopulmonary abnormality.
Ct Chest	Not performed; not clinically indicated.
Ecg	Sinus rhythm, 70 beats per minute, normal intervals and no ischaemic changes.
Echocardiogram	29 January 2025: structurally normal heart with LVEF 62% and no significant valve disease.
Ambulatory Ecg	Seven-day monitor: no clinically significant bradyarrhythmia or tachyarrhythmia.
Cardiac Mri	Not performed; not clinically indicated.
Coronary Ct	Not performed; not clinically indicated.
Coronary Angiogram	Not performed; not clinically indicated.
Device Interrogation	Not applicable.
Exercise Tolerance Test	Not indicated; symptoms are postural rather than exertional and there is no chest pain.
Myocardial Perfusion Scan	Not indicated.

Medications and medical devices

Only changes to medications and medical devices as a result of the encounter are included. Continue other regular medicines unless another clinician has advised otherwise.

Medication	Dose	Frequency	Status	Reason
Amlodipine	5 mg	Once daily	Current	Hypertension
Atorvastatin	20 mg	Once nightly	Current	Primary cardiovascular prevention
Oral rehydration solution	One sachet	Once daily for 3 days if reduced oral intake or intercurrent diarrhoea occurs	Started	To support hydration during short periods of volume loss.
Bendroflumethiazide	2.5 mg	Once daily	Stopped	Stopped because of symptomatic orthostatic hypotension.

Reason for medication changes

- Orthostatic blood pressure testing demonstrated a symptomatic systolic blood pressure fall of 24 mmHg after standing.
- Diuretic therapy may be contributing to relative volume depletion and postural symptoms.

Plan and requested actions

- Stop bendroflumethiazide 2.5 mg once daily because of symptomatic orthostatic hypotension.
- Continue amlodipine 5 mg once daily.
- Continue atorvastatin 20 mg once nightly.
- Use oral rehydration solution, one sachet once daily for up to three days, only during short periods of reduced oral intake or intercurrent diarrhoea.
- GP to check seated and standing blood pressure, renal function and electrolytes within 2 to 4 weeks of stopping bendroflumethiazide.
- Patient to keep a brief record of symptomatic episodes and home blood pressure readings if available.

- Review for recurrence of presyncope or development of hypertension following withdrawal of diuretic therapy.
- Maintain regular fluid intake unless otherwise advised by a clinician.
- Rise gradually from lying or sitting, particularly in the morning.
- Avoid prolonged standing and sit or lie down promptly if light-headed.
- Maintain regular meals and avoid excessive alcohol intake.
- No further cardiac investigation is required at present.
- Repeat ambulatory ECG monitoring should be considered only if unexplained syncope, sustained palpitations or symptoms without a postural trigger develop.

Urgent safety advice

- Seek urgent medical assessment for new, severe or persistent chest pain.
- Seek urgent medical assessment for new severe breathlessness, breathlessness at rest or rapid deterioration in exercise tolerance.
- Seek urgent assessment if sustained palpitations occur with dizziness, if she has complete loss of consciousness, or if collapse occurs during exercise or while lying down.
- Call emergency services if syncope is associated with injury, chest pain, breathlessness or prolonged recovery.
- Contact emergency services for severe symptoms, persistent reduced consciousness or symptoms suggestive of acute cardiovascular illness.

Allocation of responsibility

Person or team	Actions allocated
Cardiology Team	Discharge from routine cardiology follow-up after planned telephone review. Review symptom diary and response to cessation of bendroflumethiazide at follow-up. Arrange further rhythm monitoring if clinical features change.
GP Practice	Remove bendroflumethiazide 2.5 mg once daily from the repeat prescription. Check seated and standing blood pressure, urea and electrolytes, and renal function within 2 to 4 weeks. Review antihypertensive therapy if seated blood pressure becomes persistently elevated after stopping bendroflumethiazide. Re-refer urgently if there is unexplained syncope, exertional syncope, abnormal ECG or recurrent symptoms despite medication adjustment.
Patient / Carer	Stop bendroflumethiazide as agreed. Continue amlodipine and atorvastatin. Maintain hydration, rise slowly and record any further presyncopal episodes. Attend GP blood pressure and blood test review.

Follow-up arrangements

- Cardiology syncope clinic telephone follow-up (Telephone review in 8 weeks)
- Expected discharge back to GP following review if symptoms resolve and observations remain satisfactory.

Before review

- GP seated and standing blood pressure readings
- Renal function and electrolyte results
- Patient symptom and blood pressure diary

Information and advice given

- The normal ECG, echocardiogram, ambulatory ECG monitor and blood tests were reviewed. The clinically significant postural blood pressure fall was explained as the likely cause of her symptoms.
- We discussed risk of falls or injury if symptoms occur while standing, and the need to seek urgent assessment for true syncope, exertional collapse, chest pain, sustained palpitations or new breathlessness.
- Following discussion of the benefit of blood pressure control against postural symptoms, Margaret agreed to stop bendroflumethiazide, continue amlodipine, increase regular fluid intake and monitor blood pressure with her GP.

Detailed self-management advice

- Maintain regular fluid intake unless otherwise advised by a clinician.
- Rise gradually from lying or sitting, particularly in the morning.
- Avoid prolonged standing and sit or lie down promptly if light-headed.
- Maintain regular meals and avoid excessive alcohol intake.
- Seek urgent medical assessment for new, severe or persistent chest pain.
- Seek urgent medical assessment for new severe breathlessness, breathlessness at rest or rapid deterioration in exercise tolerance.
- Seek urgent assessment if sustained palpitations occur with dizziness, if she has complete loss of consciousness, or if collapse occurs during exercise or while lying down.
- Call emergency services if syncope is associated with injury, chest pain, breathlessness or prolonged recovery.
- Contact emergency services for severe symptoms, persistent reduced consciousness or symptoms suggestive of acute cardiovascular illness.

Monitoring plan

Area	What to do
Symptoms	Monitor symptoms relevant to the condition and report any deterioration promptly.
Tests	GP seated and standing blood pressure readings Renal function and electrolyte results Patient symptom and blood pressure diary
Medicines/devices	GP to check seated and standing blood pressure, renal function and electrolytes within 2 to 4 weeks of stopping bendroflumethiazide. Patient to keep a brief record of symptomatic episodes and home blood pressure readings if available. Review for recurrence of presyncope or development of hypertension following withdrawal of diuretic therapy.
Escalation	Seek urgent medical assessment for new, severe or persistent chest pain. Seek urgent medical assessment for new severe breathlessness, breathlessness at rest or rapid deterioration in exercise tolerance. Seek urgent assessment if sustained palpitations occur with dizziness, if she has complete loss of consciousness, or if collapse occurs during exercise or while lying down. Call emergency services if syncope is associated with injury, chest pain, breathlessness or prolonged recovery. Contact emergency services for severe symptoms, persistent reduced consciousness or symptoms suggestive of acute cardiovascular illness.

Specialty-Specific Information

Pathway element	Details
Episode Description	Three episodes of near-collapse over six weeks. Each occurred within one to two minutes of standing after sitting or getting out of bed. She experienced dimming of vision and a feeling of unsteadiness, then sat down promptly. Symptoms settled within approximately 30 seconds. There was no complete loss of consciousness, seizure-like activity, incontinence, tongue biting or post-event confusion.
Prodrome	Light-headedness, visual greying and mild nausea immediately after standing. No palpitations, chest pain or focal neurological symptoms.
Injury History	No falls, head injury or other injury. She has always managed to sit down before collapsing.
Ecg Findings	Sinus rhythm at 70 beats per minute with normal cardiac intervals, no conduction abnormality, pre-excitation, Brugada pattern, long QT interval or ischaemic change.
Ambulatory Monitor Result	Seven-day monitor demonstrated sinus rhythm with rare benign atrial ectopy. No pauses, high-grade atrioventricular block, atrial fibrillation, ventricular tachycardia or symptom-rhythm correlation suggesting arrhythmia.
Orthostatic Blood Pressure Result	After five minutes seated, blood pressure was 132/76 mmHg with pulse 72 beats per minute. At three minutes standing, blood pressure was 108/68 mmHg with pulse 80 beats per minute. This represented a 24 mmHg systolic fall and reproduced her usual light-headedness.
Suspected Cause	Medication-associated orthostatic hypotension, with bendroflumethiazide and reduced fluid intake the most likely contributors.
Driving Advice	As there has been no loss of consciousness and symptoms have a clear postural prodrome, she may continue driving provided she remains symptom-free while driving. She was advised not to drive if dizzy or unwell and to notify the DVLA and insurer if she develops syncope, in accordance with current DVLA guidance.

Pathway element	Details
Further Investigation Plan	No immediate further cardiac testing. Consider repeat ambulatory ECG monitoring if true unexplained syncope, non-postural presyncope or sustained palpitations develop. GP review of postural observations and biochemical profile after medication change.

Consultation Summary

Item	Details
Consultation Purpose	Assessment of recurrent postural presyncope and exclusion of a significant cardiac cause of syncope.
Key Clinical Questions	Is there evidence of structural heart disease or significant arrhythmia? Do the episodes represent orthostatic hypotension? Can antihypertensive treatment be safely adjusted to reduce symptoms?
Review Focus	Interpretation of ECG, echocardiogram and ambulatory ECG findings Orthostatic blood pressure assessment Medication review and falls-risk reduction Clear safety-netting and follow-up arrangements
Information Given	The symptoms and orthostatic blood pressure fall are most consistent with postural hypotension rather than a dangerous cardiac rhythm disorder. Cardiac investigations to date are reassuring. Bendroflumethiazide may worsen postural symptoms by contributing to volume depletion. The patient was informed of the agreed GP monitoring and circumstances requiring urgent reassessment.
Shared Decision Making	Margaret preferred a conservative approach with withdrawal of bendroflumethiazide and monitoring rather than additional immediate cardiac tests. This was considered appropriate given the low-risk assessment and reassuring investigation results.
Review Outcome	Diagnosis of mild symptomatic orthostatic hypotension confirmed. Bendroflumethiazide stopped, conservative measures advised, GP monitoring requested and cardiology telephone review arranged in eight weeks.

Yours sincerely

Dr Hannah Mercer, Consultant Cardiologist

Person completing record: Dr Hannah Mercer, Consultant Cardiologist; Date: 2025-02-12