

- It now reads, “27. Ruwald MH, Hansen ML, Lamberts M, et al. The relation between age, sex, comorbidity, and pharmacotherapy and the risk of syncope: Danish nationwide study. *Europace*. 2012;14:1506-14.”
12. Reference 32 previously read, “32. Ruwald MH, Hansen ML, Lamberts M, et al. Accuracy of the ICD-10 discharge diagnosis for syncope. 2013;15:595-600.” It now reads, “32. Ruwald MH, Hansen ML, Lamberts M, et al. Accuracy of the ICD-10 discharge diagnosis for syncope. *Europace*. 2013;15:595-600.”
13. Reference 36 previously read, “36. Disertori M, Brignole M, Menozzi C, et al. Management of patients with syncope referred urgently to general hospitals. 2003;283-91.” It now reads, “36. Disertori M, Brignole M, Menozzi C, et al. Management of patients with syncope referred urgently to general hospitals. *Europace*. 2003;5:283-91.”
14. Reference 168 previously read, “168. Tracy CM, Epstein AE, Darbar D, et al. 2012 ACCF/AHA/HRS focused update of the 2008 guidelines for device-based therapy of cardiac rhythm abnormalities: a report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines and the Heart Rhythm Society [corrected]. *Circulation*. 2012;126:1784-800.” This reference has been Deleted in press.

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Shen W-K, Sheldon RS, Benditt DG, Cohen MI, Forman DE, Goldberger ZD, Grubb BP, Hamdan MH, Krahn AD, Link MS, Olshansky B, Raj SR, Sandhu RK, Sorajja D, Sun BC, Yancy CW

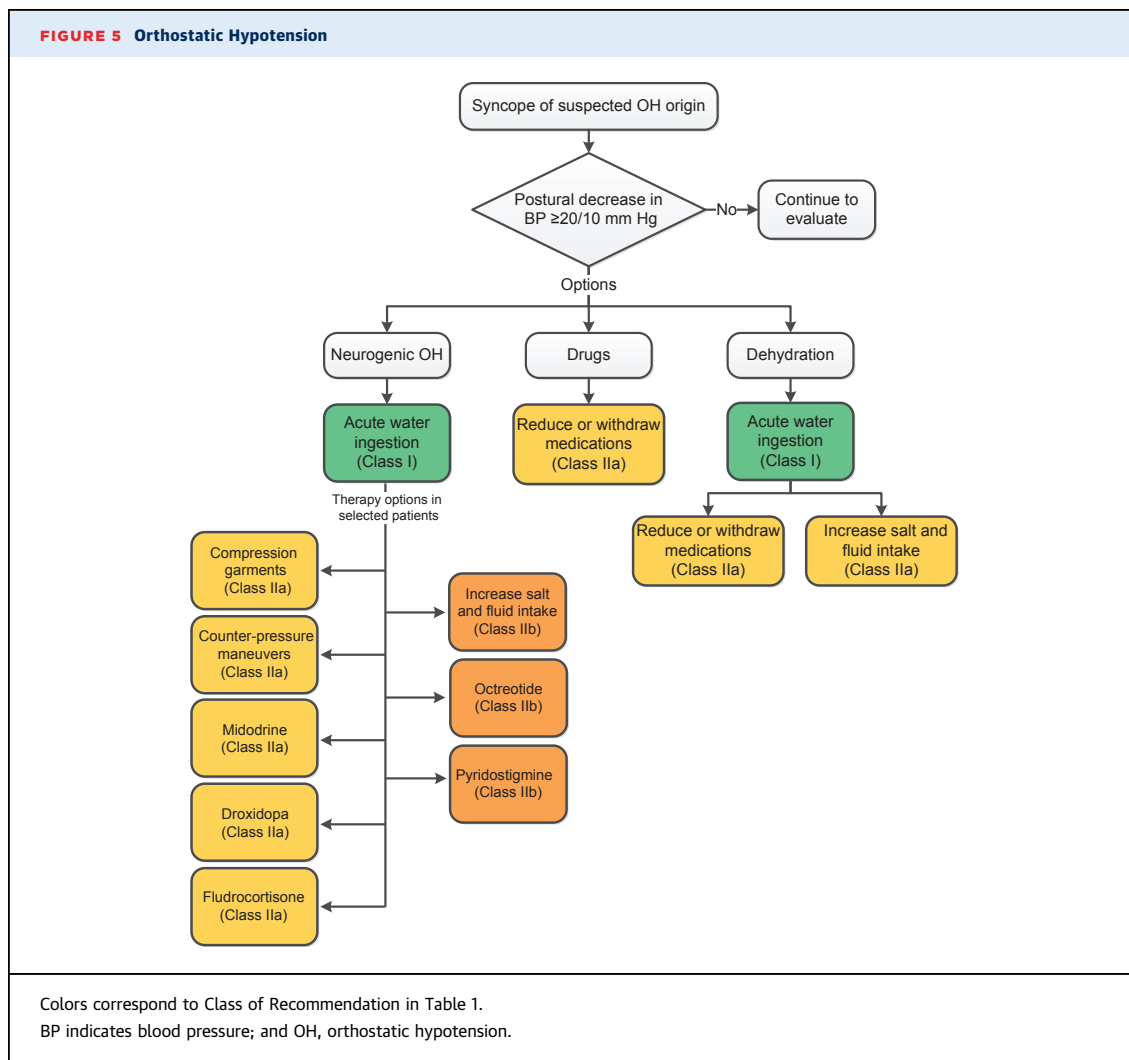
2017 ACC/AHA/HRS Guideline for the Evaluation and Management of Patients With Syncope: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines and the Heart Rhythm Society



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1. In the table of contents and the corresponding part of the text, the header for Section 6.1. previously read, “Neurogenic Orthostatic Hypertension: Recommendations”. It has been corrected to read, “Neurogenic Orthostatic Hypotension: Recommendations”.
2. In the table of contents and the corresponding parts of the text, a colon and the word “Recommendations” have been added to headers for the following sections: 3.2., 3.3., 4.1., 4.2., 4.3., 5., 6., and 10.
3. In Section 1.2., the first sentence previously read, “The writing committee was composed of clinicians with expertise in caring for patients with syncope, including cardiologists, electrophysiologists, a neurologist, an emergency physician, and a pediatric cardiologist.” The words “a neurologist” have been deleted, and the sentence now reads, “The writing committee was composed of clinicians with expertise in caring for patients with syncope, including cardiologists, electrophysiologists, an emergency physician, and a pediatric cardiologist.”
4. In the second paragraph of Section 1.3., the first sentence previously read, “This document was approved for publication by the governing bodies of the ACC, AHA, and HRS and was endorsed by the Pediatric and Congenital Electrophysiology Society.” The sentence now reads, “This document was approved for publication by the governing bodies of the ACC, AHA, and HRS and was endorsed by the American College of Emergency Physicians, the Society of Academic Emergency Medicine, and the Pediatric and Congenital Electrophysiology Society.”
5. In the column headed “Long-Term Risk Factors (>30 d)” in Table 5, the entry for “Older age” previously included a citation for only reference 90. The entry now includes citations for references 67, 74, and 75 as well.
6. In Section 3.3.2., the first IIa recommendation in the table of “Recommendations for Neurological Diagnostics” previously included the following sentence in the explanatory text: “ECG findings are characteristic if an episode can be induced during the tilt-table testing (261-263).” “ECG” has been replaced with “EEG”, and the sentence now reads, “EEG findings are characteristic if an episode can be induced during the tilt-table testing (261-263).”
7. In Section 4.1.1., the first sentence of explanatory text for the “Recommendation for Bradycardia” previously read, “A search and review of papers on syncope and bradycardia has been performed since the last guidelines were published in 2008 and 2012 (12,264).” The sentence has been amended to read, “A search and review of papers on syncope and bradycardia has been performed since the last updated guidelines were published in 2012 (12).”

8. In Section 4.3.2., the recommendation table was previously titled, “Recommendation for Short-QT Syncope”. It now reads, “Recommendation for Short-QT Syndrome”.
9. In Section 4.3.3., the second paragraph previously comprised the following sentence: “Patients with LQTS and syncope should adhere to the lifestyle changes previously published, including avoidance of strenuous activity in LQT1, and drugs known to prolong QT interval in all patients with LQTS (25).” “LQT1” has been replaced with “LQTS1” so that the sentence now reads: “Patients with LQTS and syncope should adhere to the lifestyle changes previously published, including avoidance of strenuous activity in LQTS1, and drugs known to prolong QT interval in all patients with LQTS (25).” “LQT1” has also been replaced with “LQTS1” in the final sentence of explanatory text for the Class I recommendation in this section.
10. In Section 6.1., “Neurogenic Orthostatic Hypotension”, all recommendations in the table previously included the sentence, “See Online Data Supplements 33 and 34.” That sentence has been amended to read, “See Online Data Supplements 33 to 35.”
11. The version of Figure 5 that appeared in the initial release of the guideline has been replaced. In the updated figure (below),
 - a. the layout has been changed,
 - b. the spelling of “Pyridostigmine” has been corrected, and
 - c. when listed under “Neurogenic OH”, “Increase salt and fluid intake” is now correctly listed as a IIB recommendation (where previously it was misclassified as a IIA recommendation for this indication).



12. In Section 6.2., “Dehydration and Drugs: Recommendations”, all recommendations in the table previously included the sentence, “See Online Data Supplements 35 and 36.” That sentence now reads, “See Online Data Supplements 36 and 37.”
13. In Section 8., “Pseudosyncope: Recommendations”, both recommendations in the table previously included the sentence, “See Online Data Supplements 37 and 38.” That sentence now reads, “See Online Data Supplements 38 and 39.”
14. In Table 9, “Conditions Uncommonly Associated With Syncope”, the names of several diseases have been corrected. “Fabry’s disease” has been replaced with “Fabry disease”; “Kearns-Sayre” with “Kearns-Sayre Syndrome”; and “Lev’s and Lenegre’s diseases” with “Lenègre-Lev disease”.
15. In the list of American College of Cardiology/American Heart Association staff, the title for Abdul R. Abdullah, MD, was previously recorded as “Associate Science and Medicine Advisor”. This has been corrected and now reads “Science and Medicine Advisor”.
16. Reference 1 previously read, “1. Committee on Standards for Developing Trustworthy Clinical Practice Guidelines, Institute of Medicine (U.S.). Clinical Practice Guidelines We Can Trust. ed. Washington, DC: Press NA, 2011.” It now reads, “1. Committee on Standards for Developing Trustworthy Clinical Practice Guidelines, Institute of Medicine (U.S.). Clinical Practice Guidelines We Can Trust. Washington, DC: National Academies Press; 2011.”
17. Reference 2 previously read, “2. Committee on Standards for Systematic Reviews of Comparative Effectiveness Research, Institute of Medicine (U.S.). Finding What Works in Health Care: Standards for Systematic Reviews. ed. Washington, DC: Press TNA, 2011.” It now reads, “2. Committee on Standards for Systematic Reviews of Comparative Effectiveness Research, Institute of Medicine (U.S.). Finding What Works in Health Care: Standards for Systematic Reviews. Washington, DC: National Academies Press; 2011.”
18. URL information has been added to reference 4, which now reads, “4. ACCF/AHA Task Force on Practice Guidelines. Methodology Manual and Policies From the ACCF/AHA Task Force on Practice Guidelines. American College of Cardiology and American Heart Association, 2010. Available at: http://assets.cardiosource.com/Methodology_Manual_for_ACC_AHA_Writing_Committees.pdf. Accessed January 23, 2015.”
19. Volume and pagination information has been added to reference 5, which now reads, “Halperin JL, Levine GN, Al-Khatib SM, et al. Further evolution of the ACC/AHA clinical practice guideline recommendation classification system: a report of the American College of Cardiology Foundation/American Heart Association Task Force on Clinical Practice Guidelines. *J Am Coll Cardiol*. 2016;67:1572-4.”
20. Reference 45 previously read, “45. Ruwald MH, Hansen ML, Lamberts M, et al. The relation between age, sex, comorbidity, and pharmacotherapy and the risk of syncope: Danish nationwide study. 2012:1506-14.” It now reads, “45. Ruwald MH, Hansen ML, Lamberts M, et al. The relation between age, sex, comorbidity, and pharmacotherapy and the risk of syncope: Danish nationwide study. *Europace*. 2012;14:1506-14.”
21. Reference 50 previously read, “50. Ruwald MH, Hansen ML, Lamberts M, et al. Accuracy of the ICD-10 discharge diagnosis for syncope. 2013;15:595-600.” It now reads, “50. Ruwald MH, Hansen ML, Lamberts M, et al. Accuracy of the ICD-10 discharge diagnosis for syncope. *Europace*. 2013;15:595-600.”
22. Reference 54 previously read, “54. Disertori M, Brignole M, Menozzi C, et al. Management of patients with syncope referred urgently to general hospitals. 2003:283-91.” It now reads, “54. Disertori M, Brignole M, Menozzi C, et al. Management of patients with syncope referred urgently to general hospitals. *Europace*. 2003;5:283-91.”
23. Reference 264 previously read, “264. Tracy CM, Epstein AE, Darbar D, et al. 2012 ACCF/AHA/HRS focused update of the 2008 guidelines for device-based therapy of cardiac rhythm abnormalities: a report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines and the Heart Rhythm Society [corrected]. *Circulation*. 2012;126:1784-800.” This reference has been Deleted in press.
24. Reference 409 previously read, “409. Sutton R. Pacing in patients with carotid sinus and vasovagal syndromes. ed. 1989.” It now reads, “409. Sutton R. Pacing in patients with carotid sinus and vasovagal syndromes. *Pacing Clin Electrophysiol*. 1989;12:1260-3.”
25. In “Appendix 3. Abbreviations”, the full term for “OH” previously read, “orthostatic hypertension”. This has been corrected to read, “orthostatic hypotension”.