

Hypertrophic Cardiomyopathy Information for Physicians

Clinical Identifiers

Hypertrophic cardiomyopathy (HCM) often goes undiagnosed despite its relatively high prevalence in the general population. This is due to the fact that many people with HCM have minor or even an absence of symptoms. However, there are several common signs and symptoms to be aware of in this population.

- Rest and/or exertional angina
- Dyspnea on exertion
- Unexplained pre-syncope/syncope
- Palpitations
- A systolic murmur
- Family history of hypertrophic cardiomyopathy
- Family history of sudden cardiac death
- Abnormal electrocardiogram/echocardiogram

Diagnostic Testing

If your patient presents with signs and symptoms of HCM, family history of HCM, or an abnormal electrocardiogram/echocardiogram, please refer your patient to our center. This referral will allow your patient to benefit from a multidisciplinary approach to the management of their condition. Specifically, we will perform tests which may include genetic testing and counseling, a transthoracic echocardiogram, a CV MRI and exercise stress testing. If a diagnosis is confirmed we will work together to effectively manage your patient's HCM.

Management

Due to the fact that hypertrophic cardiomyopathy is inherited, it can't be prevented. However, it is important to identify the condition as early as possible in an effort to guide treatment and prevent complications. Maintaining a healthy lifestyle through weight and diet modification as well as moderate intensity aerobic exercise will help with symptoms and overall energy levels.

Specific treatment for HCM will be determined based on:

- Age, overall health, and medical history
- Extent of the disease
- Presence/Absence of left ventricular outflow tract obstruction
- Functional capacity
- Perceived risk for sudden cardiac death
- Tolerance for specific medications, procedures, or therapies
- Expectations for the course of the disease
- Patients' opinion or preference

Medications/Devices

Many HCM patients successfully control their symptoms for years—even decades—solely with medication. We may recommend several different medical therapies:

- Beta blockers
- Non-dihydropyridine calcium channel blockers
- Various antiarrhythmic therapies
- Anticoagulants

Medical/device therapies function in an effort to achieve the following:

- Decrease overall cardiac workload
- Improve left ventricular filling properties
- Reduction of left ventricular outflow tract obstruction
- Maintenance of normal sinus rhythm
- Reduce the risk of stroke
- Reduce the risk of sudden cardiac death

Surgical Treatment Options

A small fraction of patients will experience persistent, debilitating symptoms despite medical therapy that may in turn lead to an unacceptable quality of life. When this is the case and further treatment is required, your patient may be a candidate for procedures that will relieve left ventricular outflow tract obstruction in an effort to improve symptoms. Surgical treatments may include:

- Surgical septal myectomy
- Alcohol septal ablation
- For the small subset of patients with advanced heart failure symptoms refractory to all medical and surgical therapies, cardiac transplant may still be an option.