

HYPERTROPHIC CARDIOMYOPATHY

Hypertrophic cardiomyopathy, or HCM, is a genetic disorder that occurs when the heart muscle thickens, making it harder to pump blood. People with HCM are at higher risk for developing heart failure, atrial fibrillation, which can lead to blood clots or stroke, and sudden cardiac arrest or death.

Many people with hypertrophic cardiomyopathy often go undiagnosed. This is because the symptoms of HCM aren't always immediately recognized as indicators of a cardiac condition. Increased awareness of the disease and access to screening are key steps in diagnosing early and ensuring patients receive proper treatment.



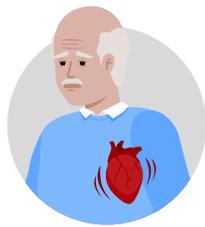
Q. What are the symptoms of HCM?

People with hypertrophic cardiomyopathy may live with symptoms for many years before discovering they have HCM. Often, the symptoms of HCM mimic symptoms of non-cardiac related diseases. The most common symptoms are shortness of breath, heart palpitations and fatigue, meaning patients are often misdiagnosed with asthma, anxiety attacks or panic attacks.

Other symptoms may include:



Shortness of Breath



Heart Palpitation



Chest Pain



Fatigue



Lightheadedness

Symptoms can range from mild to severe. Anyone experiencing these symptoms should get tested for HCM.

Q. Who should get screened for HCM?

Hypertrophic cardiomyopathy is a genetic disorder, so it is important for parents, siblings and children of HCM patients to be screened. Genetic testing can be done using saliva or a blood sample to identify genetic mutations. Family members may also be screened using other HCM diagnostics, such as an echocardiogram. Current guidelines recommend initiating family screening for hypertrophic cardiomyopathy around age 10 or 12.

One way to improve early diagnoses is to regularly test children for HCM by including screenings during routine physical exams. Because HCM can lead to sudden cardiac death in patients of all ages, testing should be administered early on, regardless of family history.

Q: Who can get HCM?

Hypertrophic cardiomyopathy is the most common genetic heart disease, with nearly one in every 250 people living with HCM. Studies have shown that patients from various populations and age groups have HCM, which affect people no matter their gender, ethnicity, age or geographic location.

Q. How is HCM diagnosed?

The path to diagnosis can be simple for some. For others, it can be a complicated, confusing and time-consuming process.

Hypertrophic cardiomyopathy can be identified through presentation of symptoms and family history. The most common screening to diagnose HCM is an echocardiogram, which uses ultrasound to monitor heart function.

It is not uncommon for people to be diagnosed with asthma, anxiety attacks, innocent murmur, panic attacks or depression, only to find that the underlying cause of their symptoms is HCM.

It is important for patients and their providers to be aware of these symptoms and to screen for HCM early to reach a correct diagnosis.

Other tests include:

-  **Electrocardiogram**
which records the electrical signals that make the heart beat.
-  **Cardiac MRI**
which uses a powerful magnetic field, radio waves and a computer to produce detailed pictures
-  **Stress Echo**
which monitors how your heart works during physical activity
-  **Physical Examination**
which is a routine head-to-toe exam





Q: What treatment options are available?

A range of treatment options are available to relieve symptoms and prevent sudden cardiac death in people with HCM.

Some medications may help reduce how strongly the heart muscle squeezes, slowing the heart rate so that the heart can pump blood more efficiently. Treatments for hypertrophic cardiomyopathy and its symptoms might include:

- Antiarrhythmics
- Antibiotics
- Beta Blockers
- Blood Thinners
- Calcium Channel Blockers
- Cardiac Myosin Inhibitors
- Diuretics
- Implantable Cardioverter Defibrillator
- Investigational Medication
- Sodium Channel Blockers

In some cases, patients may require surgery to treat symptoms of HCM.

It is important for people with HCM to do their research and consult with their health care provider to determine which treatment option works best for them.

Q: What's next in HCM research and innovation?

Research and innovation in the treatment of hypertrophic cardiomyopathy have come a long way, and continued efforts offer hope to people living with the disease. When patients are empowered to participate in clinical studies, they help bridge gaps in understanding, expand testing, improve screenings and increase treatment options.

Despite advancements, however, many patients face barriers in accessing screenings and treatment for HCM. These barriers place a burden not only on the patient but also on health care providers and their staff.

Expanding advocacy and education about the signs and symptoms of HCM can encourage policies that allow patients to receive the testing and treatment they need.

CONCLUSION

A dangerous genetic condition, hypertrophic cardiomyopathy doesn't discriminate. Anyone can receive an HCM diagnosis regardless of age, ethnicity or family history.

Given the reach and impact of HCM, increased awareness is critical so that patients can be screened and diagnosed sooner. For some patients, it could be a matter of life or death.



4hcm.org

The Hypertrophic Cardiomyopathy Association is committed to providing support, education, advocacy and advancing research, understanding and care to those with HCM.



AdvanceCardioHealth.org

The Partnership to Advance Cardiovascular Health works to advance public policies and practices that result in more treatment options and improved cardiovascular health for heart patients around the world.