

Hypertrophic Cardiomyopathy: What You Need to Know



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What is HCM?

Hypertrophic cardiomyopathy (HCM) causes your heart muscle to become thicker than normal.

- HCM affects men and women equally.
- HCM is also known as obstructive cardiomyopathy, hypertrophic obstructive cardiomyopathy, and left ventricular hypertrophic cardiomyopathy.
- Most people with HCM enjoy an active lifestyle and normal lifespan.

What causes HCM?

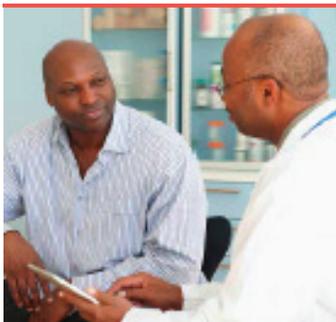
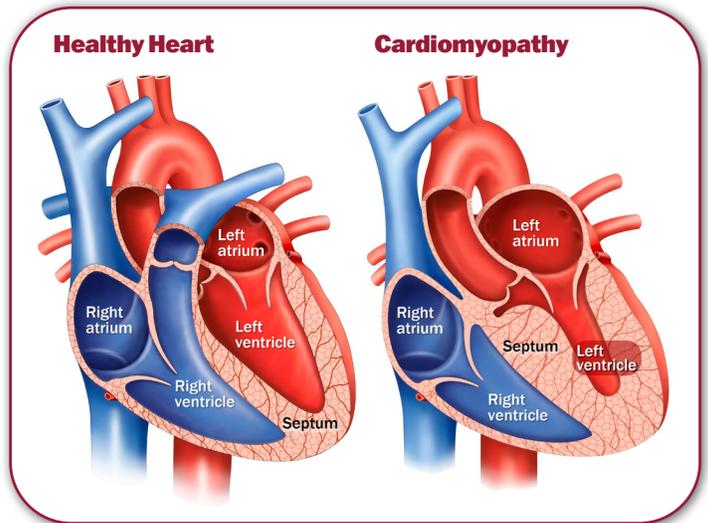
It is not always known what causes HCM, but in some cases there is a genetic cause. About half of the people with HCM have a first-degree relative (mother, father, brother or sister, or child) who also has HCM.

How does HCM impact the heart?

The heart has four chambers: two atrium (top chambers) and two ventricles (bottom chambers). The heart relaxes to fill with blood, then contracts to pump blood to the rest of the body.

- HCM causes the muscular walls of the heart to thicken. The heart cannot hold as much blood or may not be able to pump the blood very well.
- HCM obstruction happens when the thickened area limits or obstructs the amount of blood leaving the heart.
 - This is known as HCM with obstruction.

HCM can lead to other health issues, so it is important to work with your care team to keep your heart as healthy as possible.



What are the common symptoms of HCM?

- Activity intolerance or limitations with exertion (exercise)
- Shortness of breath, worsened with activity or after large meals
- Chest fullness or pain, worsened with activity or sometimes after a meal
- Feeling dizzy, lightheaded, or fainting
- A heartbeat that is too fast, too slow, or not regular

Many people with HCM live their entire lives without any symptoms. Other people may have one or more symptoms. Symptoms may change over time. They may be worse in hot and humid weather, when you are more active, if you are dehydrated, or for other reasons that affect how well your heart can pump blood.

Make sure to tell your health care team if you have had any new symptoms or changes since your last visit, including:

- Any symptoms from the list above
- Changes in activity level
- Sudden weight gain, even if you don't have other symptoms

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How is HCM managed?

You and your healthcare team will talk about your personal medical history and symptoms, family history, and goals of care.

You may have one or more of the following tests:

Electrocardiogram (ECG) and/or wearable heart monitor: records the electrical signals from your heart and helps identify abnormal heartbeats.

Chest X-ray: identifies the size of the heart and bone structure in the chest.

Echocardiogram: uses sound waves to show heart size and shape, muscle movement, and blood flow.

Exercise test or oxygen exercise treadmill test: shows how heart rate and blood pressure change during exercise.

Magnetic resonance imaging (cardiac MRI): detects thickness of heart muscle and any muscle scarring.

Genetic testing: helps identify some types of HCM that can be passed from parents to children. About 6 of every 10 patients find that they have a genetic cause for HCM.

A healthy lifestyle is very important for people with HCM.

- Eat a heart-healthy diet.
- Ask your health care team what activity level is right for you. Moderate activity is usually advised.
- Avoid cigarettes, tobacco, vaping, inhalants, and recreational drugs.
- Drink at least 8 cups of water each day. Avoid caffeine, soft drinks, and alcohol.
- Avoid diet pills, stimulants, and over-the-counter cold medications.

Important health maintenance includes:

- Have regular medical exams.
- Check blood pressure, weight, and cholesterol levels regularly.
- Get regular dental care, with dental cleaning at least twice each year.

Treatment:

You and your health care team will work together on a treatment plan that helps keep you active and living your best quality of life.

- Some people with HCM take medicines to decrease symptoms and maintain an active lifestyle.
 - Be sure to check with your cardiology team about blood pressure medicines or diuretics (water pills) that may affect your HCM.
- Advanced treatments may include surgery, such as a myectomy or septal ablation.
 - Devices, such as an implantable cardioverter defibrillator, may also help manage symptoms if medicine does not work for you.



If I have HCM, what does this mean for the people in my family?

- Your children, parents, brothers, and sisters may also have HCM.
 - Adult relatives are advised to have an echocardiogram and ECG every 3-5 years.
 - For adult relatives who are athletes, or children going through puberty, an ECG each year is advised.
 - Children with a parent or sibling with HCM should have an echocardiogram before they participate in competitive high-impact sports, such as football, wrestling, gymnastics, basketball, soccer, or hockey.
- If you have HCM, there is a 1 in 2 chance of passing it along to your children. If you are planning to get pregnant, work with your care team on a plan for before, during, and after pregnancy.