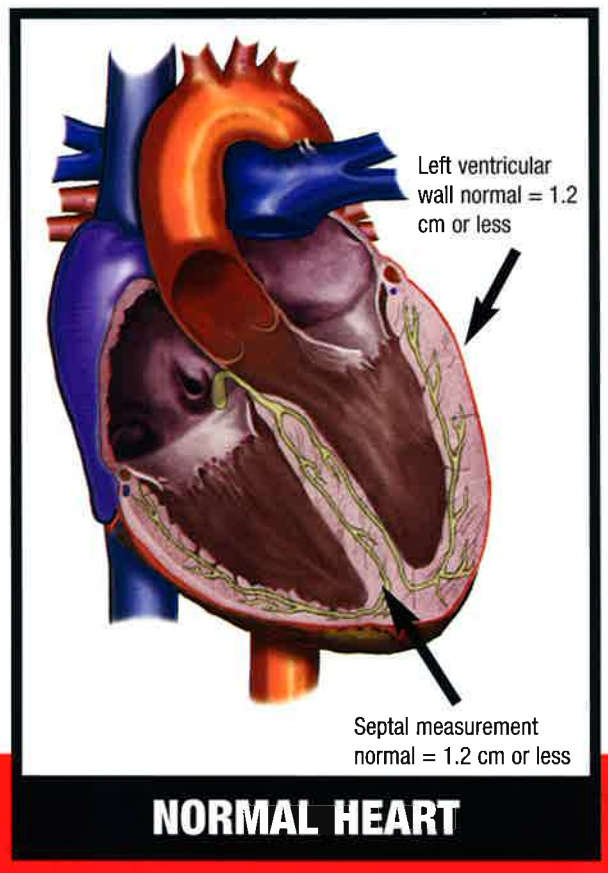
HYPERTROPHIC CARDIOMYOPATHY

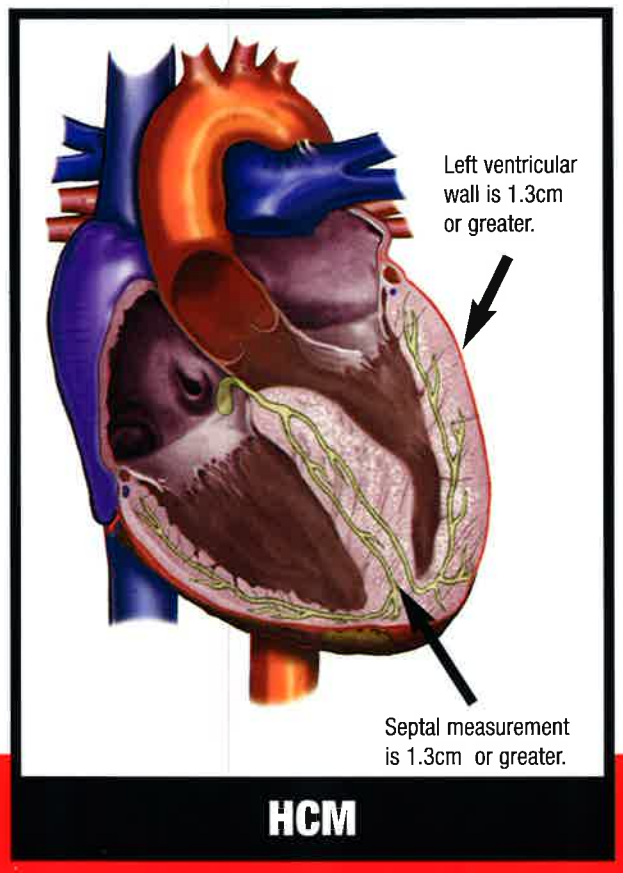
Hypertrophic Cardiomyopathy (HCM) is a primary and usually familial cardiac disorder with heterogenous expression, unique pathophysiology, and a diverse clinical course, for which several disease-causing mutations in gene encoding proteins of the cardiac sarcomere have been reported. While we still have much to learn about HCM many treatment options have proven to provide an improvement in the quality of life of many HCM patients. The Hypertrophic Cardiomyopathy Association, HCMA, hopes this information will provide a clearer understanding of this complex disease.

HOW COMMON IS HCM

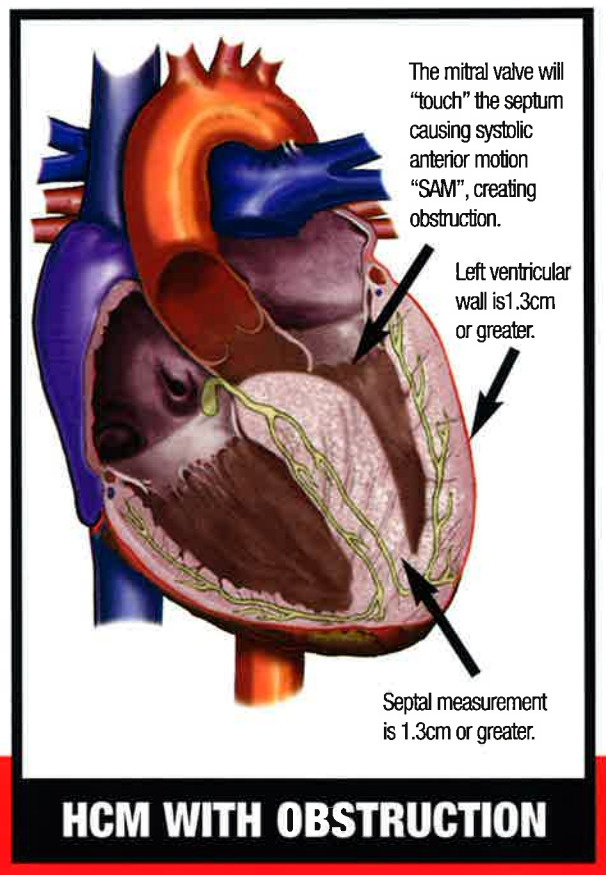
It is estimated that somewhere between 1 in 500 and 1 in 1000 individuals within the general population have the disease. These figures relate to individuals who have their disease recognized clinically; many others could carry a mutant gene for HCM and be completely unaware of that fact.



NORMAL HEART



HCM



HCM WITH OBSTRUCTION

The figures above represent examples of HCM. Thickening can occur in different patterns and in a variety of thickness.

Graphics created for the HCMA by Medtrontic Corporation.

WHAT TESTS ARE USED TO DIAGNOSE HCM?

- Echocardiogram
- Electrocardiogram

WHAT FURTHER TEST(S) MAY BE CONDUCTED?

- Holter monitoring
- Electrophysiological study
- Magnetic Resonance Imaging
- Cardiac catheterization
- Exercise testing
- Radionuclide study

COMPLICATIONS OF HCM

- Arrhythmia:
  Ventricular tachycardia
  Atrial fibrillation
- Endocarditis
- Stroke
- Sudden death

WHAT ARE THE SYMPTOMS OF HCM

- Shortness of breath (dyspnea)
- Lightheadedness and fainting (syncope)
- Chest pain (angina)
- Palpitations

TREATMENT OPTIONS

Drug treatments

- Beta-blockers
- Calcium channel blockers
- Antiarrhythmic drugs
  (including amiodarone, sotolol and disopyramide)
- Diuretic
- Anticoagulant
- Antibiotics

Surgery

- Ventricular septal myotomy-myectomy
- Heart Transplant

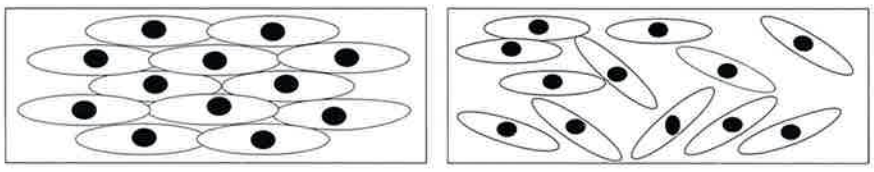
Non-surgical

- Alcohol septal ablation

Devices

- Implantable cardiovert defibrillator
- Pacemakers

THE CELL STRUCTURE IN HCM



Normal cell structure ***Myocardial disarray***

These diagrams contrast the regular, parallel alignment of muscle cells in a normal heart with the irregular, disorganized alignment of muscle cells or "myocardial disarray" found in some some parts of the heart in hypertrophic cardiomyopathy.

IMPORTANT FACTS FOR THOSE WITH HCM!

The risk of sudden death is relatively low. A thorough exam and complete history will help determine if you are at an elevated risk for sudden death. Most patients with HCM live to or surpass the average life expectancy in the USA...73 years!

HCMA
HYPERTROPHIC CARDIOMYOPATHY ASSOCIATION

For those with big hearts the HCMA is here to help, call today for more information.

18 E Main St • Suite 202 • Denville, NJ 07834
Phone: (973) 983-7429 • e-mail: support@4hcm.org