



Living with Hypertrophic Cardiomyopathy (HCM)

It is very possible to live a long and active life with HCM. Currently there are many treatment options that aim to improve symptoms and prevent complications. Although there is no cure for HCM, there are many forms of therapy available which may improve heart function and relieve symptoms. Individuals who have few or no symptoms may require only monitoring.

Drug Treatment

Drug treatment usually is given when a person has some or many of the symptoms common to HCM including shortness of breath, chest pain, palpitations, light-headedness and blackouts. The choice of treatment varies from person to person, but the most common groups of drugs prescribed are:

Beta-Blockers

- Beta-blocking drugs slow the heart rate and reduce its force of contraction. These drugs, including atenolol, metoprolol, nadolol, propranolol, sotalol and others with names that normally end in "ol", can relieve chest pain, breathlessness and palpitation.

Calcium Antagonists

- Calcium antagonists, also known as calcium channel blockers, relax blood vessels and increase the supply of blood and oxygen to the heart, while also reducing the heart's workload. These drugs include verapamil, nifedipine and diltiazem.

Antiarrhythmic Medication

- Antiarrhythmic drugs restore normal rhythm and conduction to the heart. These drugs include sotalol (BetaPace) and amiodarone (Cordarone).

Other Medications

- **Blood thinners** – helps prevent clots from forming in the blood, these include warfarin (Coumadin).
- **Diuretics** – Diuretics, commonly known as "water pills," help your body get rid of unneeded water making it easier for the heart to pump of which Lasix is the most common.
- **Antibiotics** – used for the prevention of endocarditis during invasive medical procedures such as teeth cleaning.

Septal Reduction

It is important to remember that an estimated 70% of those with HCM have obstruction either at rest or with exertion. However, only a small percentage will require septal reduction, where a small portion of the thickened muscle is removed from the upper portion of the ventricular septum, widening the left ventricular cavity making it unlikely that the mitral valve will contact the septum in systole and relieving the obstruction. It is very important that all options of medical management be attempted prior to septal reduction. Septal reduction will not cure HCM; it will only relieve symptoms related to obstruction. The affect on sudden cardiac arrest post septal reduction is currently unresolved. Septal myectomy remains the "gold standard" treatment for obstruction in HCM.

Prevention of Sudden Cardiac Arrest

The implantable cardioverter defibrillator (ICD's) is the most effective means of managing the risk of sudden cardiac arrest. ICD's are implanted in the body and monitor heart rate and rhythm. In the event the heart goes into a lethal or "bad" rhythm a shock is given returning the heart to normal rhythm. For a list of risk factors for high risk of sudden cardiac arrest see HCMA Fact Sheet "**Risk Stratification for Sudden Cardiac Arrest in HCM**".