Risk Stratification

When we use the phrase "Risk Stratification" we understand this is an imperfect process. The items identified have been proven by researchers to have statistical significance in helping to determine the risk of Sudden Cardiac Death. This process is not to assist in the determination of Risk of heart failure or progression to "Burnt Out" or "End State" HCM.
To complete a proper "Risk Stratification" you need to collect very specific data from various tests.

Tests Needed and Data Collected

- **Echocardiogram (echo)** – Measurement of the heart
- **Electrocardiogram (ECG/EKG)** – Measurements of electrical activity of the heart
- **Holtor Monitor (24-48 hours)** – History of electrical function of the heart during "normal functioning"
- **Stress Test w/echo** – Measurement of the heart under stress, electrically, hemodynamically & structurally
- **MRI (in some cases)** – For clearer picture of the heart walls.

What places a person at a high risk for Sudden Death?
(These are listed in no particular order)

- **History of previous cardiac arrest.**
  - In many cases this may be the only symptom a person with HCM may have. Thankfully today AED's (automated external defibrillators) are becoming more common place and, therefore, more people survive cardiac arrest.
- **Mass Hypertrophy**
  - Mass Hypertrophy is measured on echocardiogram and/or MRI Septal measurements or left free wall measurement of 3.0 or greater are defined as "Mass Hypertrophy"
- **Hypotensive Blood Pressure response on stress test**
  - If blood pressure drops; fails to rise or is blunted during stress test
- **Family History of Sudden Death**
  - The death of one or more family members from HCM. It may not be possible to know if a family member had HCM due to lack of medical records, lack of autopsy or family dynamics. In these cases, we suggest you discuss any unexpected cardiac related deaths of family members under the age of 50 with your physician.
- **History of Ventricular Arrhythmia**
  - Captured on holtor monitor or telemetry. We know that sometimes those with no known risk factors may suffer cardiac arrest. These 5 represent what we can currently use to assess "High Risk". Those with one or more "Risk Factors" are encouraged to discuss ICD therapy with their physician. It is important to re-evaluate risk every 2-4 years as changes can occur at any time.

[i]Gersh BJ, Maron BJ, Bonow RO, et al. 2011 ACCF/AHA Guideline for the Diagnosis and Treatment of Hypertrophic Cardiomyopathy: A Report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines Developed in Collaboration With the American Association for Thoracic Surgery, American Society of Echocardiography, American Society of Nuclear Cardiology, Heart Failure Society of America, Heart Rhythm Society, Society for Cardiovascular Angiography and Interventions, and Society of Thoracic Surgeons. J Am Coll Cardiol. 2011;58(25):e212-e260. doi:10.1016/j.jacc.2011.06.011.

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