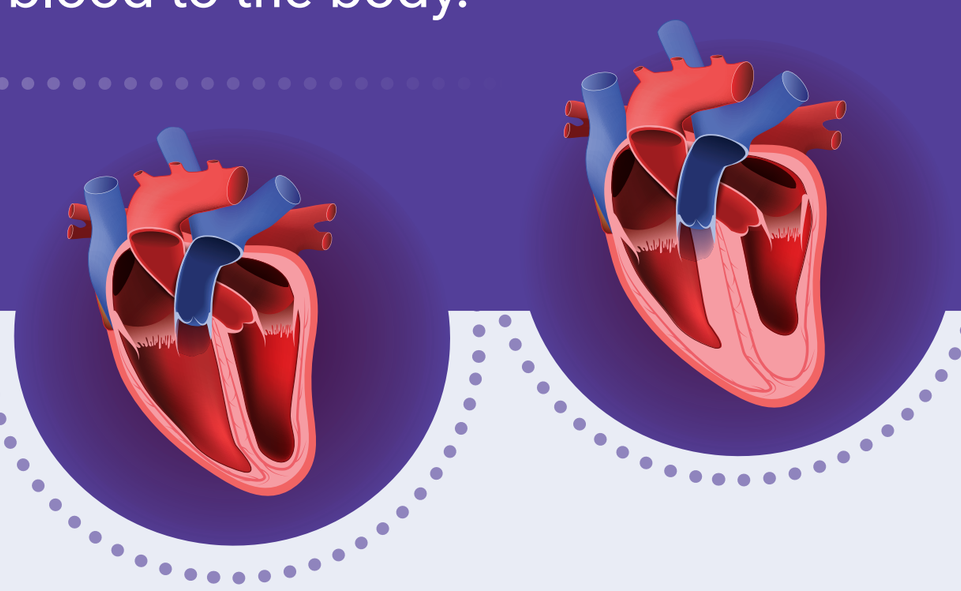
HYPERTROPHIC CARDIOMYOPATHY:

Increasing Awareness of HCM to Improve Detection and Management

AMERICAN COLLEGE of CARDIOLOGY®

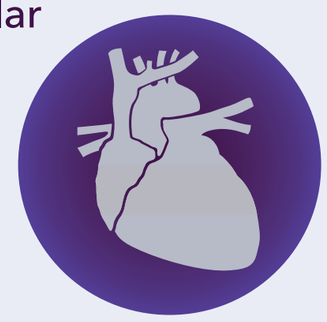
HCM is a rare, genetic cardiac disease
in which the walls of the heart's ventricles thicken and become stiff, preventing the heart from being properly filled, making it more difficult for the heart to pump blood to the body.



HCM is the most common cause of non-traumatic sudden cardiac death.*

- Estimates of asymptomatic HCM in young adults in the U.S. is in the 1:500 range
- If a parent has HCM, their child has a 50% chance of having HCM

- Death due to HCM is usually sudden (i.e., unexpected death of young adult jogger or athlete during game)
- Patients with HCM tend to have comorbidities such as heart failure, atrial fibrillation, and ventricular arrythmias



*Source:

The AIME HCM Initiative is supported by Bristol Myers Squibb.

HCM is often caused by ***inherited genetic variants***. Screening is recommended for first degree family members.

Signs & Symptoms:

- None
- Shortness of breath
- Chest pain
- Syncope (often sudden)
- Palpitations
- Sudden Cardiac Death

Diagnosis:

- Physical exam
- 3-generation family history
- ECG
- Echocardiogram (TTE)
- Exercise stress testing for exercise tolerance

Management:

All treatments are determined by shared decision making, risk assessment and patient-specific needs

- **Medications (not a comprehensive list)**
  - → Beta Blockers
  - → Calcium Channel Blockers
  - → If the above are unsuccessful, Cardiac Myosin Inhibitors (Mavacamten) may be added
- **Surgery and Procedures**
  - → Implantable Cardioverter Defibrillator (ICD)
  - → Invasive septal reduction therapies (SRT)
- **Exercise considerations**

AIME HCM

Find out more at ***ACC.org/HCM***