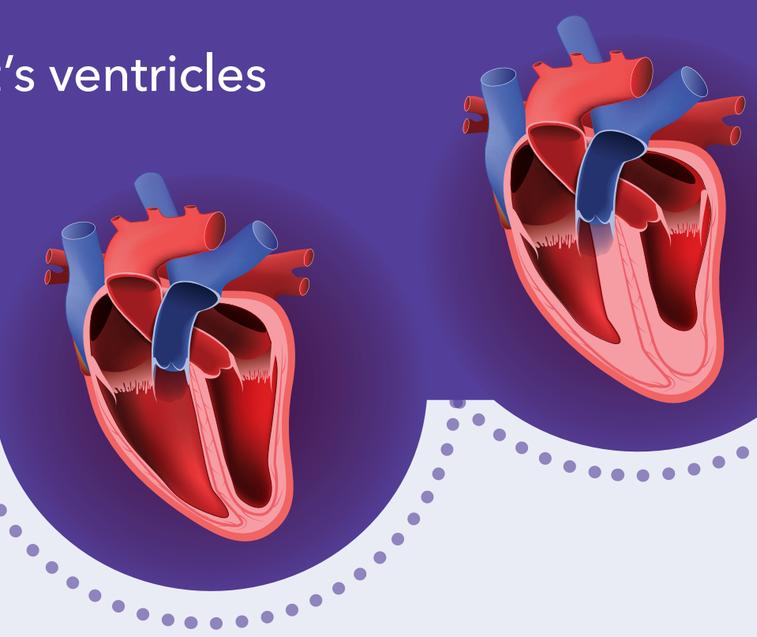
HYPERTROPHIC CARDIOMYOPATHY:
Increasing Awareness of HCM to Improve Detection

AMERICAN COLLEGE of CARDIOLOGY®

Goals

Support clinician and patient decision-making surrounding the recognition of symptoms and varied presentation of Hypertrophic Cardiomyopathy (HCM) to improve detection of the disease.

HCM happens when 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 ***genetic heart disease*** and the most common cause of non-traumatic sudden death.

- Estimates of asymptomatic HCM in the U.S. ranges from 1:200 to 1:500*

- Estimates of heart failure in the U.S. is 1,915 per 100,000 people (about 10:500)**
- 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:*

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The AIME HCM Initiative is supported by Bristol Myers Squibb.

HCM is most often caused by a spontaneous genetic mutation or an ***inherited genetic defect.*** First-degree family members should be screened every 2 to 3 years with genetic testing or imaging/ECG.

Symptoms (most seen in ages 20-40):

- Fainting (often suddenly)
- Chest pain
- Shortness of breath
- Palpitations

Diagnosis:

- Symptoms, physical exam, ECG and CXR
- Echocardiography and/or magnetic resonance imaging (MRI) of the heart is used to confirm

Imaging helps to:

- Establish the diagnosis (and differential diagnoses)
- Inform treatment options
- Inform sudden cardiac death risk stratification

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