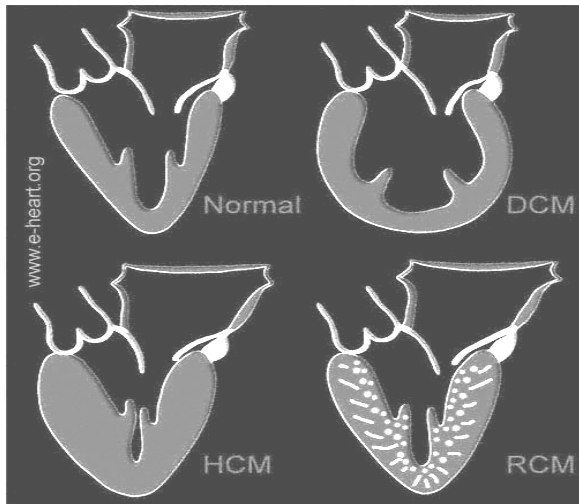




## CARDIOMYOPATHY

### INTRODUCTION:

Cardiomyopathy is a disease of the heart muscle called the myocardium. The heart muscle becomes enlarged, thicker or stiffer than normal. It can affect people of all ages. There are a number of different causes, some of the most common being a viral infection, damage to the heart from a heart attack, or high blood pressure. Some forms of cardiomyopathy can run in families as a gene mutation.



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### THERE ARE 3 MAJOR TYPES OF CARDIOMYOPATHIES:

- Dilated cardiomyopathy- most common form. Occurs in adults aged 20 to 60 years. More common in males than females. Affects the heart's ventricle (the two bottom chambers of the heart) and atria (the two upper chambers of the heart). It usually starts in the left ventricle, where the heart muscle begins to stretch or dilate and become thinner. As a result, the ventricle can become enlarged. It often spreads to the right ventricle and then to the atria as the disease gets worse. When the heart chamber dilates to pump blood, it cannot do it efficiently. The heart tries to cope by dilating the chambers even more and over time the heart becomes weaker and heart failure occurs. Dilated cardiomyopathy can lead to problems with the valves of the heart, blood clots in the heart and abnormal heart beats known as arrhythmias. Conditions that may complicate dilated cardiomyopathy include high blood pressure and coronary artery disease. Exposure to certain drugs (some cancer fighting drugs, cocaine and amphetamines), excessive use of alcohol and viral infections may also cause dilated cardiomyopathy. Up to one-half of all cases may be hereditary, a condition known as familial dilated cardiomyopathy. A heart transplant may eventually be needed in patients diagnosed with dilated cardiomyopathy.

- Hypertrophic cardiomyopathy – occurs when the heart muscle thickens internally. This leaves the left ventricle (the heart’s main pump) less room to fill with blood before it is pumped to the body. Hypertrophic cardiomyopathy can affect people of any age. This condition can be due to hereditary, aging or high blood pressure. Often the cause is not known. You may also hear this type of cardiomyopathy referred to as obstructive or nonobstructive. In both types the thickened muscle makes the inside of the ventricle narrow so it holds less blood. The walls of the ventricle become stiff making them less able to relax and fill with blood, resulting in increased pressure in the ventricles and the blood vessels of the lungs. Symptoms may be none to severe.
- Restrictive cardiomyopathy – mostly affects older adults. The ventricles become stiff and rigid due to abnormal tissue such as scar tissue. This prevents the ventricles from relaxing and filling with blood. In turn, this causes the atria (the top chambers of the heart) to become enlarged. The blood flow in the heart will eventually be reduced and heart failure can occur. Restrictive cardiomyopathy can occur for no apparent reason, although it has been associated in some cases with connective tissue diseases, infections or scars.

#### **SIGNS AND SYMPTOMS OF CARDIOMYOPATHY INCLUDE:**

- Shortness of breath at rest or after exercise
- Lightheadness, dizziness, or fainting during exercise
- Tiredness
- Weakness
- Edema (swelling of the legs, feet, ankle and abdomen)
- Abnormal heartbeats

#### **DIAGNOSIS:**

To diagnose cardiomyopathy, the following tests may be performed:

- Medical history
- Physical exam
- Tests such as stress test, blood test, chest x-ray, echocardiogram or electrocardiogram

Cardiomyopathy can run in families. Family members may need to be tested for the disease.

#### **TREATMENTS**

Depends on the type of cardiomyopathy and how severe the disease is and their complications. The main goals of treatment are managing the symptoms, reduce complications, manage conditions that may cause or contribute to the disease and to reduce the change of sudden cardiac death. Treatments may include medications, surgery, lifestyle changes or nonsurgical procedures.