HYPERTROPHIC CARDIOMYOPATHY

What New Management Guidelines Mean for HCM Patients

Hypertrophic cardiomyopathy is a genetic condition where the heart muscle thickens, making it hard for the heart to pump blood. Newly updated guidelines, jointly authored by the American College of Cardiology and the American Heart Association, recommend the best ways to diagnose and treat the condition.

Patients should be aware of several key takeaways, including treatment to help manage the disease.

UNDERSTANDING FAMILY HISTORY IS A CRITICAL FIRST STEP.

The joint guideline recommends genetic testing, regular imaging or heart monitoring for individuals when an immediate family member is known to have HCM.

Screening can start at any age and may vary based on individual and family history and preferences. Any mutations that are found should be re-evaluated every two-to-three years.

A NEW TREATMENT OPTION IS AVAILABLE.

A medication called mavacamten was approved by the FDA in 2022 to treat patients with symptomatic obstructive HCM. The medication is what's known as a cardiac myosin inhibitor.

Cardiac myosin inhibitors target the heart muscle cells to reduce the strength of contractions. This improves blood flow from the heart and helps reduce symptoms like shortness of breath and chest pain. The guidelines reference one study that showed inhibitors improved functional capacity in 30% to 60% of patients with obstructive HCM.

CARDIAC MYOSIN INHIBITORS ARE RECOMMENDED FOR PATIENTS WHO DON'T RESPOND TO TRADITIONAL TREATMENT.

The guidelines recommend cardiac myosin inhibitors as treatment for patients who do not respond adequately to first-line HCM medications like beta-blockers or calcium channel blockers. Treatment with cardiac myosin inhibitors must be overseen by experienced doctors in dedicated centers.

PATIENTS SHOULD BE MONITORED FOR SIDE EFFECTS.

Cardiac myosin inhibitors do carry greater risks, the guidelines explain. They can decrease the amount of blood pumped out of the left ventricle each time the heart muscle contracts. If the blood flow drops too low, it can be fatal.

For that reason, the FDA requires a Risk Evaluation and Mitigation Strategy for cardiac myosin inhibitors. Patients receive regular echocardiograms for the first several months they take the new medications.

LIFESTYLE MODIFICATIONS SHOULD BE CONSIDERED ON AN INDIVIDUAL BASIS.

Patients with HCM may also benefit from mild- to moderate-intensity exercise. One study showed that patients engaged in moderate-intensity exercise experienced improved oxygen use and physical functioning. Importantly, no study participants were reported to have serious health issues or an increase in non-lethal heart arrhythmias.

Decisions about physical activity should be based on a thorough annual evaluation and reflect shared decision-making between patients and their care providers.

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Hypertrophic cardiomyopathy must be taken seriously.

With the new management guidelines as a roadmap, patients and providers can work together to ensure that people living with HCM receive prompt, personalized and optimal care.