General Information

- Hypertrophic Cardiomyopathy (HCM) is the most common genetic cardiac condition, affecting one in 500. It causes independent thickening of the myocardium.

- HCM is difficult to diagnose, and due to variation in presentation, difficult to treat. In many patients, life expectancy is normal, while in others, the clinical progression can often be abrupt, severe and fatal. Clinical manifestations include sudden cardiac death, cardiac dysrhythmia, syncopy and heart failure.

- HCM is the most common cause of sudden cardiac death in people under age 30. It frequently occurs in asymptomatic patients.

- According to the American College of Cardiology/American Heart Association Task Force on Practice Guidelines, HCM patients and their first degree relatives should be offered genetic counseling and testing.

- The American College of Cardiology/American Heart Association Task Force Practice Guidelines also encourage patients with HCM be evaluated in a specialized HCM center, but to continue to receive ongoing care with their established primary providers.

Symptoms

According to the Hypertrophic Cardiomyopathy Association, there is no particularly unique symptom to HCM. Symptoms may occur at any stage although the condition may have been present for some time. Common symptoms include:

- Shortness of breath
- Chest pain
- Palpitation
- Syncope
- Fatigue
Misdiagnosed Conditions Associated with HCM

Prior to many patients being appropriately identified with HCM, they are often misdiagnosed with other ailments including:

- Asthma, specifically “athletically-induced asthma”
- Mitral valve prolapse
- Anxiety / panic attacks
- Depression
- Innocent heart murmur
- Phenocopies of HCM (e.g., Anderson-Fabry disease, cardiac amyloidosis, Danon disease, hypertensive heart disease)

Indications for Referral to OHSU

- History of Hypertrophic Cardiomyopathy
- Family history of Hypertrophic Cardiomyopathy
- Family history of Sudden Cardiac Death
- Abnormal echocardiogram
- Abnormal EKG
- Abnormal sports physical or concern for athlete’s heart

Follow-up from OHSU

- Letter to you summarizing the multidisciplinary team impressions and treatment plan
- Phone call from the OHSU physician
- Abnormal sports physical or concern for athlete’s heart