

Transient Cardiomyopathy

Transient cardiomyopathies are acute, temporary heart muscle impairments where the heart muscle does not pump properly. This can cause congestive heart failure with shortness of breath, fatigue and limitation of activity. When the heart heals, the condition is resolved. Cardiomyopathy may become chronic and stable or may become progressive, leading to early death. Three common causes of transient cardiomyopathy are viral infections, takotsubo cardiomyopathy, and peripartum cardiomyopathy. **Viral infections** can cause cardiomyopathy. In some cases, the impairment heals when the infection resolves. You may also review Rx for Success Dilated Cardiomyopathy. Takotsubo Cardiomyopathy is brought on by significant stress, such as the death of a spouse. It is also called Stress Cardiomyopathy or Broken Heart Syndrome. Several cases of this rare cardiomyopathy have been found in Japan and more recently in the United States and Belgium. Cases occur more frequently in women. It may be due to an acute change in glucose metabolism brought on by stress-induced release of steroid hormones. Troponin levels and other markers of cell death in the blood typically rise. ST-T injury changes may also be seen on the ECG. In Japanese, “tako-tsubo” means “fishing pot for trapping octopus.”. This pot has a bulging chamber at the bottom. Frequently, the left ventricle (LV) in this condition has the shape of this pot with a bulge at the apex of the heart. Coronary arteries at catheterization are normal, and thus, CAD is not the cause. With resolution of the cardiomyopathy, LV wall motion returns to normal as does the shape of the LV. The mid-ventricular wall may also be affected. Although it appears to be reversible, little is known about future consequences (such as recurrence of the cardiomyopathy or arrhythmias). Cases seem to resolve quickly with good outcomes, but there are no long-term studies. Peripartum cardiomyopathy occurs in the last trimester of pregnancy or within six months. It is thought to be an autoimmune disease in which the baby’s antibodies attack the woman’s heart muscles. It is rare. It is treated with bed rest and medication. In some, it is transient while others develop congestive failure. If severe, heart transplantation is needed. In women who recover, cardiomyopathy may recur with subsequent pregnancies.

If your client has a diagnosis of Cardiomyopathy, please answer the following:

1. What was the diagnosis?

2. When was the disorder first diagnosed:

3. Have any of the following symptoms occurred? (check all that apply) Fainting or dizziness

Yes when _____ No _____

Palpitations Yes when _____ No _____

Shortness of breath Yes when _____ No _____

Chest pain Yes when _____ No _____

4. Has an echocardiogram been done? Yes (please submit a copy of the report) No

5. Is your client on any medications? Yes, please give details

6. Has treatment other than medication (please note above) been given? (check all that apply)

Pacemaker _____

Defibrillator _____

Heart surgery _____

7. Has your client smoked cigarettes or any other tobacco products in the last 5 years?

Yes _____

No _____

8. Does your client have any other major health problems (ex: cancer, etc.)?

Yes, please give details
