

Medicine for Managers

Dr Paul Lambden BSc MB BS BDS FDSRCS MRCS LRCP DRCOG MHSM

Cardiomyopathy

A cardiomyopathy is a disease of the heart. The word literally means ‘cardio’ (heart), ‘myo’ (muscle) ‘pathy’ (disease). The disease has many causes and can produce a variety of symptoms. The consequences may be mild or serious

In a cardiomyopathy the heart muscle becomes weakened and may be thickened and enlarged. Sometimes parts of the muscle are replaced by scar tissue and the heart therefore becomes less functional and more rigid. With a progressive cardiomyopathy the heart gradually becomes weaker and its ability to pump blood declines, resulting in heart failure and sometimes in the development of angina and abnormal rhythms, called arrhythmias. Sometimes the symptoms develop more suddenly with acute onset breathlessness, palpitations, collapse and, on occasion, sudden death. Other features of cardiomyopathy include dizziness, lethargy and blood clot formation with the risk of stroke.

Cardiomyopathies may be **primary** when no specific cause can be identified or **secondary** where the disease is consequent upon the presence of other diseases or the use of alcohol or illicit or prescribed medication. Conditions which may result in the disorder include congenital and valvular heart disease, disease of the arteries (particularly of the heart), raised blood pressure and viral infections.

Cardiomyopathies are further classified according to their clinical picture. **Dilated cardiomyopathy** occurs when the muscles forming the chambers of the heart become weak and the heart progressively becomes flabby and loses its ability to pump blood. A picture of heart failure develops with breathlessness, accumulation of fluid round the body and sometimes arrhythmias. Viruses, diseases such as rheumatoid arthritis and alcohol are often implicated. Sometimes blood clots form in the heart as a result of the slowing of the blood within the dilated chambers. Passage of a clot into the circulation can result in a stroke. Treatment is by medication to try to improve heart efficiency but for some a transplant is the only answer.

Hypertrophic Cardiomyopathy is most commonly inherited and the result is a progressive thickening of the heart muscle making the muscle stiff and the heart chambers narrow, resulting in obstruction to blood flowing from the heart. Symptoms include dizziness and collapse, angina and arrhythmias. Management is by drug therapy and sometimes

surgery to reduce muscle bulk. In some cases a pacemaker with defibrillation capacity may be implanted in the heart.

Restrictive Cardiomyopathy is associated with stiffening of the heart muscle which may be associated with scarring and fibrous replacement of muscle. The result is impaired filling of the ventricles. Tiredness breathlessness and peripheral oedema follow.

The prognosis for cardiomyopathy is very variable depending on the type. Sometimes symptoms are minimal and normal everyday living is little affected. For others the symptoms may be severe and require changes in lifestyle, with medical and surgical treatment up to and including heart transplant. However, some improvements are being made and the prognosis is improving generally.

paullambden@compuserve.com

For more information contact the
Cardiomyopathy Association by e-
mail through its website or by
telephone on 0800 018 1024