Takotsubo Cardiomyopathy

CARDIOMYOPATHY
Australia New Zealand
The Big-Hearted Community

A guide for people with Takotsubo cardiomyopathy, families, and carers in Australia and New Zealand.

Takotsubo cardiomyopathy, also called *stress cardiomyopathy* or *broken heart syndrome,* involves heart muscle becoming suddenly weakened and changed in shape after a person experiences strong emotional or physical stress, such as sadness, shock, illness, or pain.

The name *Takotsubo* comes from the Japanese word for an octopus pot, which has a narrow neck and round base, similar to the shape seen in part of the heart during this type of cardiomyopathy.

This general information is for people living in Australia and New Zealand who are affected by Takotsubo cardiomyopathy and should not replace advice from your doctor or healthcare team.

What is Takotsubo Cardiomyopathy?

Takotsubo cardiomyopathy is a type of cardiomyopathy that occurs when the heart's main pumping chamber (the left ventricle) suddenly weakens and changes shape. During an episode, as the heart contracts, the tip (apex) of the heart balloons outwards while the muscles at the opening of the ventricle contract normally. This makes it harder for the heart to pump blood effectively. The reduced ability to pump blood can cause chest pain, breathlessness, and other symptoms similar to a heart attack.

Takotsubo cardiomyopathy usually resolves itself, with most people returning to normal heart function within days to weeks. However, in rare instances complications including irregular heartbeats (arrhythmias), heart failure, or recurrence can occur.

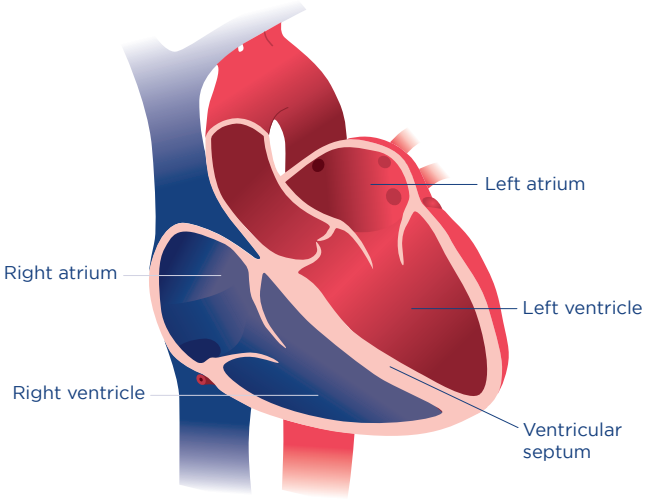
How common is Takotsubo Cardiomyopathy?

The exact number of people who experience Takotsubo cardiomyopathy is not known, but it is estimated that 1 to 2 per cent of people who come to hospital with symptoms of a heart attack are having an episode. The large majority of cases are seen in women over the age of 50 – up to nearly 90%.

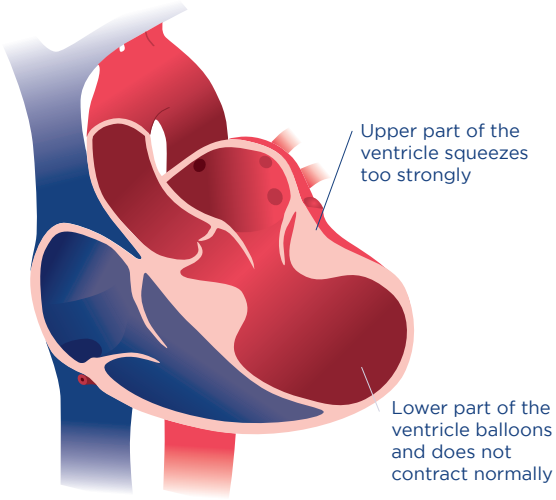
What causes Takotsubo Cardiomyopathy?

The exact cause of Takotsubo cardiomyopathy is not fully understood, but it is often triggered by an extremely stressful emotional event (such as a bereavement) or a physical event (such as illness,

Heart without Takotsubo Cardiomyopathy



Heart with Takotsubo Cardiomyopathy



severe pain, or intense exercise). It can also be caused by illicit drugs and stimulants. Although it is generally associated with negative events or emotions, about 4% of cases are linked to positive events, such as winning the lottery. In about 30% of cases, however, no clear trigger is identified.

These stressful situations cause a surge of hormones such as adrenaline, which is thought to temporarily affect the heart tissue and blood vessels. Because it is often linked to stress, the condition is also known as **'broken-heart syndrome'** or **'stress-induced cardiomyopathy'.**

Unlike some other types of cardiomyopathy, it is not inherited and does not run in families.

What are the symptoms of Takotsubo Cardiomyopathy?

The symptoms of Takotsubo cardiomyopathy are very similar to the symptoms of a heart attack. Symptoms usually begin soon after a stressful event and may include:

- Sudden, severe chest pain
- Shortness of breath
- Palpitations or fluttering sensations in the chest
- Dizziness or fainting

If you experience these symptoms, call an ambulance straight away. If in Australia, dial Triple Zero (000), if in New Zealand dial 111 immediately.

How is Takotsubo Cardiomyopathy diagnosed?

To find out if someone has Takotsubo cardiomyopathy doctors use a range of tests. Because people often present to hospital or a GP clinic with the symptoms of a heart attack, diagnosis usually starts with tests to see if they are having a heart attack or not. Once they are sure it is not a heart attack, doctors can diagnose the Takotsubo cardiomyopathy. Some tests that are used are:

- **Echocardiogram (an ultrasound of the heart):** shows if the heart is an unusual shape or size, particularly if part of the heart wall has ballooned outward, and how well it fills with and pumps blood.
- **Electrocardiogram (ECG):** measures heart rhythm and can show if the electrical signals controlling the rhythm are normal.
- **Cardiac magnetic resonance imaging (MRI):** provides detailed images of the heart muscle that can show changes in shape and size, as well as how well the heart is pumping blood.
- **Coronary angiogram:** uses a dye and X-rays to see if the heart arteries are blocked. In Takotsubo cardiomyopathy, arteries are typically not blocked, while in a heart attack there is often a blockage.
- **Blood or urine tests:** can detect proteins that are increased when the heart is not functioning properly.

Doctors use these results together to diagnose Takotsubo Cardiomyopathy and rule out heart attack or other heart conditions.

How is Takotsubo Cardiomyopathy treated or managed?

Treatment for Takotsubo cardiomyopathy focuses on supporting the heart until it recovers and managing symptoms. This treatment often takes place in hospital and includes ongoing monitoring of the heart and oxygen, fluids and medicines which can include:

- **Beta-blockers:** help control heart rate and protect the heart muscle from the effects of stress.
- **Angiotensin-converting enzyme (ACE) inhibitors and angiotensin II receptor blockers (ARBs):** reduce strain on the heart and improves how well it can pump blood.
- **Diuretics (also known as fluid tablets):** help the body remove extra fluid, which can ease swelling and breathlessness.
- **Anticoagulants:** lower the risk of clots forming in the weakened ventricle.

Most people recover from Takotsubo cardiomyopathy within several weeks, and medicines may be reduced or stopped once heart function returns to normal. Follow-up tests may be requested by a doctor to confirm that the heart muscle has recovered.

During recovery from Takotsubo cardiomyopathy, supportive care also includes identifying and managing emotional or physical stress triggers, treating anxiety or depression, and promoting overall heart health. Cardiac rehabilitation programs and relaxation techniques can be helpful.

Can it happen again?

Recurrence of Takotsubo cardiomyopathy is uncommon but possible. Around 5–10% of people may experience another episode, often under new stressful circumstances. Ongoing follow-up with a cardiologist is recommended, and beta-blockers may help reduce the risk of recurrence in some cases.

Where to get support

Support is available for people affected by Takotsubo cardiomyopathy in both Australia and New Zealand.

Your GP and cardiologist are your first points of contact to talk about symptoms, treatment options, and ongoing care.

You can also get information and connect with others by visiting **Cardiomyopathy Australia New Zealand**, joining our private Facebook support group, and following our social media channels.

Additional supports:

Australia:

- Takotsubo Network: **www.Takotsubo.net**
- Heart Foundation Australia: **www.heartfoundation.org.au**
- Rehabilitation services at your local hospital Lifeline (13 11 14) or Beyond Blue (1300 22 4636) for emotional support

New Zealand:

- Ask your cardiologist about a heart failure nurse specialist in your area.
- Takotsubo Network: **www.Takotsubo.net**
- Heart Foundation New Zealand: **www.heartfoundation.org.nz**
- Mental Health Foundation of New Zealand: **www.mentalhealth.org.nz**

Scan here to visit the CMANZ website

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Created in partnership with Heart Foundation

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