

TAKOTSUBO CARDIOMYOPATHY (BROKEN HEART SYNDROME)



This factsheet is designed for people with Takotsubo cardiomyopathy, as well as their friends and family.

It explains what Takotsubo cardiomyopathy is, what to expect, and how to manage it.

Key points to remember:

- » Takotsubo cardiomyopathy is a short-term heart condition which happens in response to extreme physical or emotional stress.
- » Takotsubo cardiomyopathy has similar symptoms to a heart attack, but it is not a heart attack, and it usually resolves itself.
- » You will be observed for 24-48 hours following a Takotsubo attack, to catch any complications early.
- » Around one in 20 people who have had a Takotsubo incident will have another at some point, so it is important to manage stress as much as possible after a Takotsubo incident.
- » There is no current treatment available for Takotsubo cardiomyopathy.
- » Although complications are possible, Takotsubo cardiomyopathy is usually not fatal and does not usually cause severe long-term effects.

Other names for Tako-tsubo cardiomyopathy include:

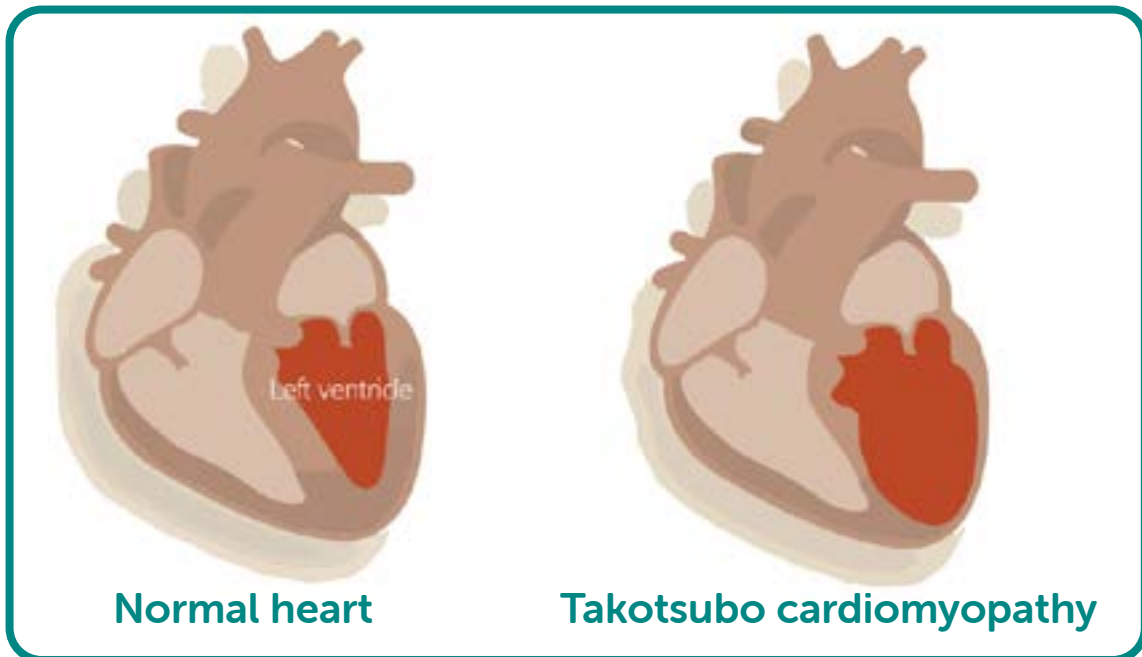
Broken heart syndrome

Apical ballooning

Acute stress-induced cardiomyopathy

What is Takotsubo Cardiomyopathy?

Takotsubo cardiomyopathy is a condition where the left ventricle (the part of your heart that pumps blood to the rest of your body) “balloons” out in response to stress, as shown below.



This makes your heart weaker, and not enough blood can get to the rest of your body.

However, these changes usually reverse themselves fairly quickly - they may last for a few weeks, or only for a few hours - and normal heart function should return.

What does it feel like?

Takotsubo cardiomyopathy often has similar symptoms to a heart attack. This might include:

- Chest pain
- Nausea or vomiting
- Breathlessness or shortness of breath
- An unusually fast, slow, or irregular heartbeat

As these can also be heart attack symptoms, if you experience any of them, you should **call 999 immediately and ask for an ambulance.**

Why is it called that?

The term "Takotsubo cardiomyopathy" was coined in the 1990s by the Japanese researchers who first recognised the condition.

Takotsubo is the Japanese word for a kind of fishing trap, rather like a lobster pot. It has a characteristic shape which resembles the shape of an affected heart's ventricle.

Cardiomyopathy is a technical term for damage (temporary or permanent) to the muscles of the heart.

Who gets Takotsubo cardiomyopathy?

Takotsubo cardiomyopathy does not seem to be inherited, and can happen to anyone. However, it is most common among women who are over 50, and who have been through the menopause. Almost 9 out of 10 cases of Takotsubo cardiomyopathy happen in women.

Around 2% (one in 50) people who are hospitalised with acute cardiac symptoms turn out to have Takotsubo cardiomyopathy.

What causes Takotsubo cardiomyopathy?

Doctors currently believe that Takotsubo cardiomyopathy is caused when our bodies respond strongly to a stressful trigger. This trigger could be physical or psychological.

The amount of time between the stress trigger and the Takotsubo episode can vary from seconds to weeks or even months.

It is not known exactly how this stress causes Takotsubo changes in the heart. The most widely accepted theory is that, when a stressful event happens, the body releases excessive amounts of adrenaline and similar hormones, which 'stun' the heart.

The poetic stories of the "broken hearted" are therefore far more real than we were ever inclined to believe!

How is it diagnosed?

Takotsubo cardiomyopathy is usually diagnosed when you are given an **electrocardiogram (ECG)** - an electrical trace of your heartbeat. This will usually look similar to the ECG trace of someone with a heart attack, and should trigger closer examination.

The doctor will then look at your heart, using X-rays of your heart's blood vessels. This is called **coronary angiography**. If you do have Takotsubo cardiomyopathy, the doctor will be able to see the ballooned, enlarged shape of your left ventricle.

They may check their diagnosis using other tests, like an **echocardiogram** or a **cardiac MRI scan**. You may be asked whether there have been any recent stresses in your life which might have triggered a Takotsubo event.

Common stress triggers

Around 1 in 3 cases of Takotsubo are caused by a physical event. Physical triggers that might cause a Takotsubo event might include:

- » A severe illness
- » A physical assault or abuse, including sexual assault
- » An injury or accident
- » A recent surgery

Around 1 in 4 cases are triggered by an emotional event, such as:

- » Bereavement or grief
- » Divorce or the break-up of a long-term relationship
- » Financial worries or debt
- » Domestic or sexual abuse
- » Any other traumatic life event, like surviving a disaster or witnessing something terrible

In around 3 out of 10 cases, no specific trigger can be identified.

How is a Takotsubo event managed?

Takotsubo cardiomyopathy is not considered a treatable condition, and your heart will usually return to normal on its own.

However, in the early stages, it will probably be treated as a heart attack. This is because the symptoms are similar, and until a heart attack can be ruled out, it is better to be safe than sorry.

It is normal to keep someone in hospital for 24-48 hours after a Takotsubo event, so that any complications can be treated immediately. You may be given medicines to help your heart muscle recover, or be provided with supportive treatments, such as fluid removal to help with breathlessness or mechanical devices to help your heart to pump better.

What kind of complications are possible?

Takotsubo cardiomyopathy can cause complications like: low blood pressure, a risk of blood clots which might cause a stroke or heart attack, or arrhythmias (abnormal heart rhythms).

These complications are very rare, and can usually be avoided by treating the symptoms early and effectively. This makes it very important to follow your doctor's advice. Report any new symptoms.

What next?

After you are discharged, you will probably be asked to attend regular check-ups for a few months. This is to make sure that your heart function goes back to normal, and that no lasting damage shows up.

You may also want to see a counsellor or seek help for the stress in your life, especially if you think emotional stress might have contributed to your cardiac event.

Will it happen again?

Having one Takotsubo event does not necessarily mean you will have another. However, a small but significant number of people do experience another similar event. The best way to avoid this is to try and minimise stress wherever possible.

Where can I get more help?

Chest Heart & Stroke Scotland offers a range of support services for people who have had a cardiac event. .

To find out more, or for further information, support and advice, please contact the CHSS Advice Line:

Tel: 0808 801 0899 (9.30am–4pm, Mon–Fri)

Email: adviceline@chss.org.uk

Web: www.chss.org.uk

You might also want to seek mental health or trauma support through your GP or a charity such as Mind, SAMH, or Penumbra.

If you think that a possible trigger of your Takotsubo event might be related to sexual violence, help is available through Rape Crisis Scotland. You can call them on 0141 331 4180.

Other organisations who may be able to help:

Cardiomyopathy UK

Tel: 0800 018 1024

Email: contact@cardiomyopathy.org

Website: www.cardiomyopathy.org

University of Aberdeen Cardiovascular Research Team

Tel: 01224 559573

Address: Cardiovascular Medicine Research Facility
Level 1, Yellow Zone, Aberdeen Royal Infirmary
Foresterhill, Aberdeen AB25 2ZN

Online Takotsubo Support Group

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Scottish Charity Number: SC018761
Limited company number: SC129114

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