Treatment

- Managing the symptoms is the main focus of treatment.
- Most people are treated with medications; it may depend on your symptoms as to which ones are used. Do not stop your medications unless advised by your doctor.
- Generally these medications are only required for a short time until the condition improves. Occasionally they may need to be taken long term.

Prognosis

Most patients recover from the acute event and the long-term prognosis is excellent. In the majority of cases the heart function returns to normal within 1 - 2 months.

Although infrequent, recurrence of this condition has been reported. It is therefore important to take the medication until you have been advised not to and also try to manage any stress you might have in your life- please ask to discuss this with the occupational therapist on the ward.

If you require any further information please contact SCGH Heart Failure Service on:
9346 4822
or
scgh.heartfailure@health.wa.gov.au

This document is available in alternative format on request.

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You have been diagnosed with takotsubo cardiomyopathy (CM); this information leaflet is designed to help you understand this condition.

It was first described in 1991 in Japan. The name “tako tsubo” is the Japanese name for an octopus pot. It is called this because the appearance of the heart is similar to the shape of the fishing pots used by Japanese fishermen.

It is a sudden temporary weakening of the muscle of the heart. Even though the symptoms are similar to a heart attack, it is different from a heart attack as there are no blockages in the blood vessels that supply the heart.

**Causes**

The exact cause of takotsubo CM is unclear.

**Incidence**

Takotsubo CM is more common in females than males, especially post menopausal women (the ratio of male/female is 1:3).

Causes of takotsubo CM can be extreme stress i.e. the death of a loved one etc.

In 1/3rd of those diagnosed there can be no obvious stressor identified.

**Symptoms**

- Chest pain.
- Shortness of breath.
- Less common: fainting (passing out) and/or palpitations (a fast heart beat).

**Diagnosis**

- Blood test – checking for markers in the blood that indicate injury to the heart.
- A chest X-ray – showing up any fluid in the lung. It can also outline the general shape of the heart and large blood vessels in the chest.
- An electrocardiogram (ECG) – demonstrating the electrical activity of the heart.
- A coronary angiogram - looking at the blood supply to the heart. Usually there is no coronary artery disease found. It can show the takotsubo shape of the left lower chamber of the heart.
- Echocardiogram – is an ultrasound of the heart that assesses its structure and how well it pumps.