

Miami Herald

February 22, 2015

SPECIAL SECTION: HEART HEALTH

HEALTHCARE SERIES

CARDIOMYOPATHY

Broken heart a real ailment that affects women

BY ROCHELLE KOFF
Special to the Miami Herald

Dr. Robert Hendel clearly remembers the first time he treated a patient with “broken heart” syndrome. It was Valentine’s Day, 2000.

He was seeing a patient in an Illinois hospital who had apparently suffered a heart attack after a catastrophic experience. The woman had opened her car door and discovered that her 20-year-old daughter was inside, lifeless. The girl had killed herself.

An hour later, the mother was rushed to the hospital, unable to breathe, “very near death,” said Hendel, now a professor of medicine and radiology at the University of Miami Miller School of Medicine.

Hendel conducted a battery of tests and determined the image of her heart resembled a phenomenon he had seen while he was a visiting professor in Japan five years earlier. “A group of young cardiologists came up to me and asked me if I’d heard of takotsubo cardiomyopathy,” Hendel said. “I knew nothing about it.”

Since then, the condition, also called broken heart, stress or apical ballooning syndrome, has been recognized as a bona fide ailment. It appears to be a heart attack, but it’s not. Hendel’s Valentine’s Day patient, who recovered, was his first case of takotsubo cardiomyopathy, but he sees a handful every year.

Takotsubo is a type of cardiomyopathy, a term for a weakened heart muscle. But it’s typically triggered by an acute physical or emotional trauma, like the sudden loss of a loved one, a fight or a financial disaster.

“It’s not related to high cholesterol, it’s not related to diabetes, it’s not related to blood pressure,” said Dr. Jonathan Falkow, executive medical director of the Baptist Health Quality Network. “It’s not related to any of the usual risk factors for a heart attack.”

And because it comes on



DANIEL BOCK/FOR THE MIAMI HERALD

BROKEN HEART SYNDROME: Dr. Adam Splaver, director of echocardiography at Memorial Healthcare System, meets with patient Jane Casey of Hollywood. Casey had takotsubo cardiomyopathy.

suddenly, there’s no recipe for prevention.

“It’s like a meteor hitting you in your bedroom,” said Falkow, also medical director of clinical cardiology at the Miami Cardiac & Vascular Institute. “You can’t predict it, and you can’t prevent it.”

The good news, he said, is that “people get better.”

The condition gets its name from the distinctive ballooning shape of the heart’s left ventricle during an episode — it resembles a takotsubo, a Japanese pot used to trap an octopus.

About 2 percent of patients initially suspected of having an acute heart attack have takotsubo cardiomyopathy, doctors said.

Because it’s still a relatively new diagnosis, there are unanswered questions. The condition primarily affects postmenopausal women, but why is still a mystery.

The cause isn’t known either, but a surge of hormones, such as adrenaline, may be one underlying factor, said Hollywood cardiologist

Dr. Adam Splaver.

Most people treated have had no previous history of heart disease.

Patients usually have symptoms similar to a heart attack, with pain “that radiates up to their jaw or down their arm,” said Splaver, director of echocardiography for the Memorial Healthcare System. “They have shortness of breath, and they’re cold and clammy.”

Jane Casey certainly thought she was having a heart attack when she was brought to Memorial Regional Hospital in Hollywood on Feb. 5.

“It was like an elephant sitting on my chest,” said Casey, a 60-year-old grandmother. “I was horrified.”

Casey, of Hollywood, said she had recently been under a lot of stress. “I’m fighting with Social Security and Medicaid,” over lost benefits, she said. And these financial concerns added to some personal and health problems. Turns out, she had takotsubo cardiomyopathy.

Andee Weiner said she was gardening on a beautiful Saturday morning, Sept. 9, 2006, when she began feeling ill. “I felt really an alarming pain across my back,” said Weiner, a 65-year-old Miami grandmother. “When I turned around, I felt a weakness in my arms, shortness of breath and I was nauseated.”

Weiner, “partly in denial,” waited two days before finally going to the hospital. “Women don’t have the same heart attack symptoms as men,” she said. “And we’re caregivers. We don’t stop to think about ourselves.”

She was diagnosed with takotsubo cardiomyopathy. In hindsight, she remembered physical and emotional stresses that could have caused her condition. She had recent knee surgery, she was suffering from migraines and her son in the Navy had recently been deployed in a submarine.

“There was a lot of fear just knowing that,” Weiner said.

Like other victims of ta-

kotsubo, her electrocardiogram and blood tests were abnormal. She had a coronary angiogram to determine whether coronary arteries were blocked or narrowed.

Most heart attacks occur because of blockages and clots forming in the coronary arteries, which supply the heart with blood. If these clots cut off the blood supply to the heart for too long, leaving the heart with permanent and irreversible damage.

With the broken heart syndrome, patients do not have severe blockages or clots. The heart cells are “stunned” by adrenaline and other stress hormones but not killed, as they would be in a heart attack.

Within weeks to months, the heart usually becomes “unstunned,” said Splaver, also a volunteer clinical assistant professor of medicine at the University of Miami’s Miller School of Medicine.

An angiogram determined that Weiner’s arteries

were not blocked and she was diagnosed with takotsubo, but she remained frightened it would happen again.

“It’s still just as scary as if I had a massive heart attack,” Weiner said. “It took me a good year to feel normal again.”

Weiner said she has taken medication since the experience and was also treated at the Cardiac Rehabilitation Department at Miami Cardiac & Vascular Institute at Baptist Hospital. She volunteers at the institute and for WomenHeart, a national network of support groups for women to share their experiences of living with heart disease.

“I want women to realize that they have different heart attack symptoms than men — and not to waste time” getting to the hospital, she said.

Cleveland Clinic cardiologist Dr. Viviana Navas said it’s important for people suffering symptoms get to the hospital immediately even if it winds up being takotsubo, which she calls a “transient dysfunction.”

Nivas recalls a case where a wife developed heart attack symptoms while accompanying her ill husband to the hospital. “She had stress myopathy just by being with her sick husband and hearing news he had a heart attack.”

Cleveland Clinic medical director of Heart Failure, Cardiac Transplantation and Mechanical Circulatory Support in Weston. “They both recovered.”

Most of the time, “the heart gets better,” Splaver said. “It doesn’t affect overall longevity.”

Johns Hopkins Heart & Vascular Institute followed broken heart syndrome patients over a five-year period and found no evidence of a second bout of the condition.

“It’s so sudden and so catastrophic,” Hendel said, “but most of the time, people make a complete recovery.”

