

Patient Information

Non-Ischemic Cardiomyopathy

BACKGROUND INFORMATION

- Non-Ischemic cardiomyopathy is a generic term which includes all causes of decreased heart function other than those caused by heart attacks or blockages in the arteries of the heart.
- The most common causes of non-ischemic cardiomyopathy are viral infection (viral myocarditis), drug reactions, inflammation or autoimmune reactions (lupus myocarditis, etc) or infiltrative processes (sarcoid, amyloid, etc).
- Normal heart function, or ejection fraction (EF), is 55-65%. This means that with each beat, the heart pumps 55-65% of the blood inside the heart to the rest of the body. Cardiomyopathy implies some decrease in EF to less than 50% (which is considered borderline or low normal.)

SYMPTOMS

- Shortness of breath
- Edema or swelling
- Fatigue, especially with exertion
- Unexplained weight gain
- Shortness of breath when lying down

DIAGNOSTIC TESTS

- Ultrasound of the heart (Echocardiogram)
- Stress testing (occasionally)
- Angiogram (rarely)
- Some blood tests may be helpful in making the diagnosis

TREATMENT

- Beta-blockers (atenolol, metoprolol, carvedilol, etc) can relax the heart, lower blood pressure and slow the heart to improve filling and pumping function.
- Medications classified as ACE-inhibitors (lisinopril, enalapril, etc) or ARB's (losartan, candesartan, etc) can also lower blood pressure, relax the heart and improved blood flow to the kidney.
- Diuretics may be used to remove excess fluid.
- Spironolactone can also be used to remove fluid and help relax the heart.
- Pacemakers or defibrillators may be recommended in some cases.
- Other treatments may be considered depending on the cause of the cardiomyopathy.

FOR MORE INFORMATION or to make an appointment at URMC Cardiology at Highland Hospital, please call (585) 341-6780 or visit us online at www.highlandheart.urmc.edu