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FOCUS ON

WINTER 2023

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BENEFITS FROM LESS STRESS
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KNOWING THE SIGNS AND
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STATS & FACTS

By Sonya Collins

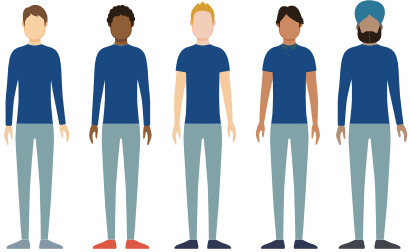
Reviewed by Brunilda Nazario, MD, WebMD Chief Physician Editor, Medical Affairs

1 in 500

Amount of people who have hypertrophic cardiomyopathy (HCM). Most have the obstructive type.

39

Average age at which a person with HCM gets a diagnosis.



1 IN 4



Amount of people diagnosed with obstructive hypertrophic cardiomyopathy who have a hospital stay within a year of diagnosis.



8.5

Average number of doctor visits a person diagnosed with obstructive hypertrophic cardiomyopathy has in the first year of their diagnosis.



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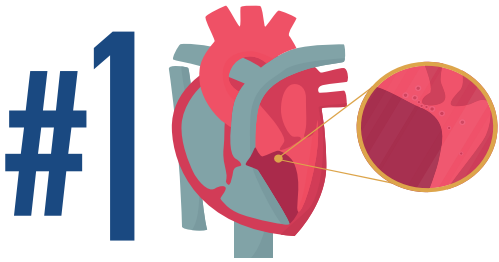
1 in 12



Amount of people diagnosed with obstructive hypertrophic cardiomyopathy who visit an emergency room within a year of their diagnosis.

6 IN 10

Amount of people diagnosed with HCM who are men.



Hypertrophic cardiomyopathy's rank among the most common genetic heart diseases.

1

Most often the number of parents you have with HCM when you have HCM.

SOURCES: American Heart Association, American Heart Journal Plus: Cardiology Research and Practice, National Library of Medicine, Journal of the American Heart Association, Hypertrophic Cardiomyopathy Association

IF YOU’VE HIT A WALL WITH SYMPTOMATIC OBSTRUCTIVE

HCM,

TODAY YOU MAY HAVE AN OPENING WITH A DIFFERENT TREATMENT OPTION

CAMZYOS™
(mavacamten) 2.5, 5, 10, 15mg capsules

**CAMZYOS™—the first and only FDA-approved treatment
of its kind*—targets the source of symptomatic
obstructive hypertrophic cardiomyopathy, or HCM.**

CAMZYOS is a prescription medicine used to treat adults with symptomatic obstructive HCM and **may improve your symptoms and your ability to be active.**



***CAMZYOS is a cardiac myosin inhibitor.
Scan to see how it works.**

**Learn more at camzyos.com,
and ask your doctor if CAMZYOS may be right for you.**

INDICATION & IMPORTANT SAFETY INFORMATION FOR CAMZYOS (mavacamten)

What is the most important information I should know about CAMZYOS?

CAMZYOS may cause serious side effects, including:

- **Heart failure**, a condition where the heart cannot pump with enough force. Heart failure is a serious condition that can lead to death. You must have echocardiograms before you take your first dose and during your treatment with CAMZYOS to help your healthcare provider understand how your heart is responding to CAMZYOS. People who develop a serious infection or irregular heartbeat have a greater risk of heart failure during treatment with CAMZYOS. Tell your healthcare provider or get medical help right away if you develop new or worsening:
 - shortness of breath
 - swelling in your legs
 - chest pain
 - fatigue
 - a racing sensation in your heart (palpitations)
 - rapid weight gain
- **The risk of heart failure is also increased when CAMZYOS is taken with certain other medicines.** Tell your healthcare provider about the medicines you take, both prescribed and obtained over-the-counter, before and during treatment with CAMZYOS.
- **Because of the serious risk of heart failure, CAMZYOS is only available**

through a restricted program called the CAMZYOS Risk Evaluation and Mitigation Strategy (REMS) Program.

- Your healthcare provider must be enrolled in the CAMZYOS REMS Program in order for you to be prescribed CAMZYOS.
- Before you take CAMZYOS, you must enroll in the CAMZYOS REMS Program. Talk to your healthcare provider about how to enroll in the CAMZYOS REMS Program. You will be given information about the program when you enroll.
- Before you take CAMZYOS, your healthcare provider and pharmacist will make sure you understand how to take CAMZYOS safely, which will include returning for echocardiograms when advised by your healthcare provider. CAMZYOS can only be dispensed by a certified pharmacy that participates in the CAMZYOS REMS Program. Your healthcare provider can give you information on how to find a certified pharmacy. You will not be able to get CAMZYOS at a local pharmacy.
- If you have questions about the CAMZYOS REMS Program, ask your healthcare provider, go to www.CAMZYOSREMS.com, or call 1-833-628-7367.

See **“What are the possible side effects of CAMZYOS?”** for information about side effects.

What is CAMZYOS?

CAMZYOS is a prescription medicine used to treat adults with symptomatic obstructive hypertrophic cardiomyopathy (HCM). CAMZYOS may improve your symptoms and your ability to be active.

Before taking CAMZYOS, tell your healthcare provider about all of your medical conditions, including if you:

- are pregnant or plan to become pregnant. CAMZYOS may harm your unborn baby. Tell your healthcare provider right away if you become pregnant or think you may be pregnant during treatment with CAMZYOS. You may also report your pregnancy by calling Bristol-Myers Squibb at 1-800-721-5072 or www.bms.com.
- **If you are a female and able to become pregnant:**
 - Your healthcare provider will do a pregnancy test before you start treatment with CAMZYOS.
 - You should use effective birth control (contraception) during treatment with CAMZYOS and for 4 months after your last dose of CAMZYOS.
 - CAMZYOS may reduce how well hormonal birth control works. Talk to your healthcare provider about the use of effective forms of birth control during treatment with CAMZYOS.
- are breastfeeding or plan to breastfeed. It is not known if CAMZYOS passes into

your breast milk. Talk to your healthcare provider about the best way to feed your baby during treatment with CAMZYOS.

Before and during CAMZYOS treatment, tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. Taking CAMZYOS with certain medicines or grapefruit juice may cause heart failure. **Do not stop or change the dose of a medicine or start a new medicine without telling your healthcare provider.**

Especially tell your healthcare provider if you:

- Take over-the-counter medicines such as omeprazole (for example, Prilosec), esomeprazole (for example, Nexium), or cimetidine (for example, Tagamet).
- Take other medicines to treat your obstructive HCM disease.
- Develop an infection.

How should I take CAMZYOS?

- Take CAMZYOS exactly as your healthcare provider tells you to take it.
- Do not change your dose of CAMZYOS without talking to your healthcare provider first.
- Take CAMZYOS once a day.
- Swallow the capsule whole. Do not break, open, or chew the capsule.

- If you miss a dose of CAMZYOS, take it as soon as possible and take your next dose at your regularly scheduled time the next day. Do not take 2 doses on the same day to make up for a missed dose.
- Your healthcare provider may change your dose, temporarily stop, or permanently stop your treatment with CAMZYOS if you have certain side effects.
- If you take too much CAMZYOS, call your healthcare provider or go to the nearest hospital emergency room right away.

What are the possible side effects of CAMZYOS?

CAMZYOS may cause serious side effects, including:

- **Heart failure.** See **“What is the most important information I should know about CAMZYOS?”**

The most common side effects of CAMZYOS include: dizziness and fainting (syncope).

These are not all of the possible side effects of CAMZYOS.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

You may also report side effects to Bristol-Myers Squibb at 1-800-721-5072.

How should I store CAMZYOS?

Store CAMZYOS at room temperature between 68°F to 77°F (20°C to 25°C).

Keep CAMZYOS and all medicines out of the reach of children.

General information about the safe and effective use of CAMZYOS.

Medicines are sometimes prescribed for purposes other than those listed in a Medication Guide. Do not use CAMZYOS for a condition for which it was not prescribed. Do not give CAMZYOS to other people, even if they have the same symptoms you have. It may harm them. You can ask your healthcare provider or pharmacist for information about CAMZYOS that is written for health professionals. For more information, go to www.CAMZYOS.com or call 1-855-226-9967.

This is a brief summary of the most important information about CAMZYOS. For more information, talk with your healthcare provider, call 1-855-226-9967, or go to www.CAMZYOS.com.

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UNDERSTANDING OBSTRUCTIVE HYPERTROPHIC CARDIOMYOPATHY

KNOW YOUR CONDITION

By Rachel Reiff Ellis

Reviewed by Brunilda Nazario, MD, WebMD Chief Physician Editor, Medical Affairs

Hypertrophic cardiomyopathy (HCM) is a heart condition that means your heart muscle around the main chamber of your heart [left ventricle] is thicker than normal. Heart muscle is called myocardium. The ending “pathy” in medicine tells you there is disease or a disorder. Cardiomyopathy is disease of the heart muscle. Hypertrophy means excessive growth.

HCM is common—about 1 in every 500 people have a diagnosis. Many more may have it and not know, because it doesn’t often cause symptoms.

HCM becomes obstructive hypertrophic cardiomyopathy (OHCM) when the heart muscle grows thick enough that it blocks blood from being pumped into your body. Two-thirds of people with HCM have OHCM.

“It’s almost like trying to squeeze a tube of toothpaste with all your might when the tube is tight at the very top—when the

muscle squeezes, it squeezes everywhere and it actually obstructs its own outflow,” says Andrew Freeman, MD, director of clinical cardiology and director of cardiovascular prevention and wellness at National Jewish Health in Denver.

WHO GETS IT

You get HCM because of abnormal genes. You can inherit this abnormal gene from a parent. Many people don’t have signs or symptoms of OHCM until later in life, so knowing it runs in your family is a clue to be on the lookout.

“The disease has something called variable penetrance, which means even if you have the genes, it may not show up right away,” Freeman says. “We typically recommend screening for first-degree relatives every 5 years or so, because people can develop it pretty late in life, like middle age.”

Your doctor will typically use a test called an echocardiogram (echo) as well as other tests to screen you. An echo is an ultrasound of your heart. Your doctor might take this echo while you’re exercising.

COMPLICATIONS AND OUTLOOK

If your OHCM causes symptoms such as dizziness or shortness of breath, it’s usually from the blockage of blood flow. But you can develop other issues like an arrhythmia, which is an irregular heartbeat.

“The heart muscle gets so thick that the electrical signals inside of it aren’t handled properly,” Freeman says. This puts you at risk for improper blood flow to the rest of the body. If it happens for long enough, it can even cause sudden cardiac death.

But regular screenings aid in prevention and treatments have made big strides in helping people with OHCM live longer and better.

“There are new drugs out now that can significantly help with managing the disease that never existed before,” he says. “It used to be a surgical disease, basically, that would require an enormous amount of intervention. And now it’s possible to take care of this disease with medication, at least for the short term.”

LESS STRESS, MORE REST

HOW YOUR HEART BENEFITS

By Rachel Reiff Ellis

Reviewed by Brunilda Nazario, MD, WebMD Chief Physician Editor, Medical Affairs

Stress is a natural part of life. But too much stress over time can take a big toll on your heart. The hormones that flood your bloodstream when you feel stress—epinephrine (adrenaline), cortisol, and norepinephrine—cause changes in your body that do damage in the long term.

“Stress is a natural protective mechanism for the body, but when you experience stress over a long period of time, it becomes distress,” says Brian Donelan, MD, a cardiologist at Summa Health in Akron, OH.

STRESS EFFECTS

The physical effects of chronic stress are some of the leading risk factors for heart disease. Also, people who have a lot of stress may choose unhealthy ways to deal with it, such as smoking, overeating, or skipping exercise. These habits can increase blood cholesterol and triglycerides, raise blood sugar, and raise blood pressure, as well as promote plaque buildup in your arteries.

When you have hypertrophic cardiomyopathy or obstructive hypertrophic cardiomyopathy, your heart is already working overtime. Stress can make your heart contract harder still, giving you shortness of breath and chest pain. You’re also at a higher risk of palpitations or an irregular heartbeat.

“Stress also makes it harder to establish or stick to heart-healthy practices such as exercise and intentional healthy eating,” Donelan says. “Falling away from these routines not only keep stress levels high, it can also increase your weight, putting even more stress on your heart.”

BREAKING THE CYCLE

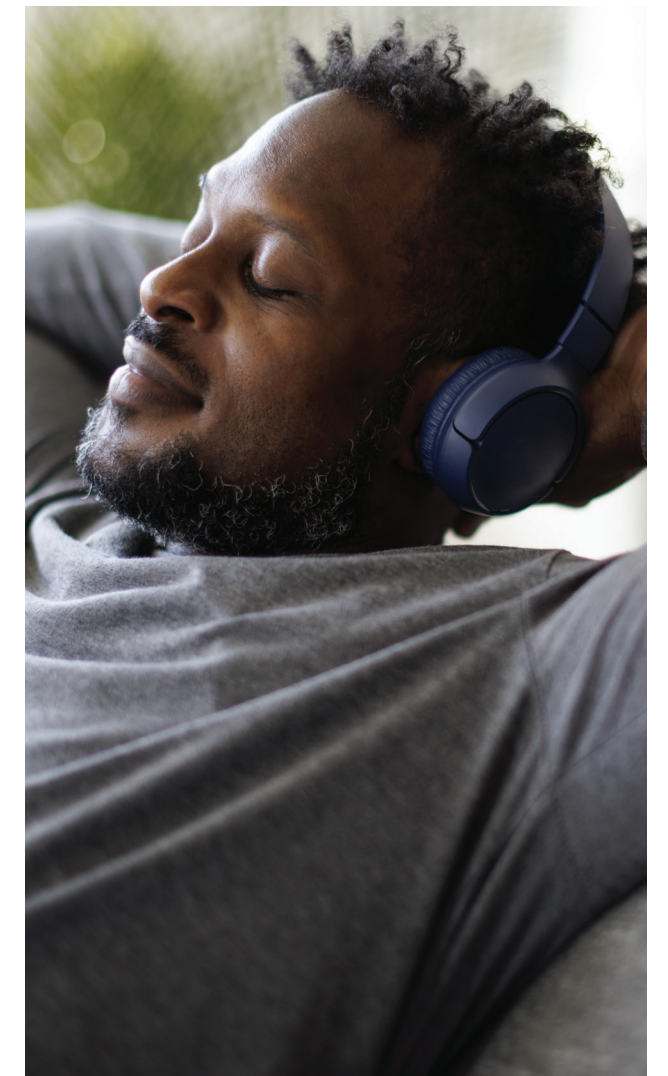
Your best strategy for resting your heart so it isn’t overworked by stress is to focus on maintenance and prevention. Establish everyday habits that help your heart heal and set it up for protection from future stress.

Get good sleep. During sleep, your blood pressure lowers. If you’re not sleeping well or enough, your blood pressure stays higher for a longer amount of time. Some studies show better sleep can also help you regulate your blood sugar levels, lowering damage to your heart.

Exercise regularly. Consistent physical activity helps lower the levels of cortisol in your body and releases endorphins, the “feel good” hormones that can combat the effects of stress. “You don’t have to be a marathon runner or bodybuilder to get these effects,” Donelan says. “Simply walking several times a week, doing yoga, or finding another enjoyable way to move your body on a regular basis will bring benefits.”

Practice relaxation techniques. Taking a few minutes each day to meditate or engage in deep breathing exercises is a great way to lower cortisol in your bloodstream and lower blood pressure. Biofeedback is a technique that uses electrical sensors attached to your body to help you control certain responses to stress. Over time, this can reduce the severity of your reaction to stress.

Donelan recommends starting out with simple steps. “Take a 10-minute walk today, and tomorrow make it 15,” he says. “Pick up one healthy sleep habit this week and then add another. Over time, you’ll start to feel the positive effects of your gradually reducing stress.”



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DAMIRCUDIC/VIA GETTY IMAGES

LIVING WITH

OBSTRUCTIVE HYPERTROPHIC CARDIOMYOPATHY

FROM DIAGNOSIS TO SURGERY, HERE’S MY JOURNEY TO A HEALTHY AND HOPEFUL LIFE

By Vi Tang
Reviewed by Brunilda Nazario, MD, WebMD Chief Physician Editor, Medical Affairs

When I was 15 and living in Vietnam, I was at the pediatrician for a cold when the doctor heard something odd about my heartbeat. She listened with her stethoscope for a long time. She thought it might be a heart murmur, but thought I needed more tests. I left with an appointment to see a cardiologist and an order for an echocardiogram.

Because of how the Vietnam health care system works, my appointment was the next day. In less than 24 hours, I had an echo and got a diagnosis of hypertrophic cardiomyopathy. While it was amazing to find out the issue that quickly, my doctors didn’t provide

much information about the condition itself. They started me on a beta blocker and told me to come back for follow-up visits every few months.

Things were fine for a while. After all, I hadn’t been having symptoms before my diagnosis. At age 18, I moved to the U.S. and started college. Two years into my studies, I was sitting in class about to take an exam when my heart rate suddenly skyrocketed. I nearly blacked out for a few seconds. It wasn’t enough to make me lose consciousness—I was still aware of my surroundings—I just couldn’t see anything. And then just as quickly as it

came on, it went away.

I took the exam and went to the school clinic, and after hearing I had a heart condition, they sent me to a local urgent care. The doctor there recommended I go straight to the emergency room because she suspected I had had an arrhythmia—an irregular heartbeat that could be fatal. The emergency room doctors agreed, but they also told me even if I [had not had an arrhythmia], the thickness of my heart’s septum alone qualified me for an implantable cardioverter-defibrillator (ICD). They admitted me, and two days later, the ICD was in.



SCAN ME

Want to read this guide on the go? Use your mobile phone camera to activate the QR code.

The recovery was mild—I couldn’t lift my arm or shoulder up for about 6 weeks and the pain was minimal. It was during that time that I started being more open about my condition. Everyone was very supportive. That same year I started a summer research internship at the University of Michigan in an HCM lab. I also began receiving care at the school’s cardiovascular center. They knew a lot about HCM treatment and what to look for.

Soon I moved permanently to Michigan, and around the same time started having more symptoms. I got

out of breath more easily walking up stairs, for example. Sometimes it was hard just to walk to class. I went in for an echo and they found that I had severe obstructions caused by OHCM. My cardiologist had told me 3 years earlier I might need a myectomy for obstructive hypertrophic cardiomyopathy within the next 10 years, but after that echo she said the time was now.

Open heart surgery sounds scary, but my recovery was quick. I was able to get up and move to a chair about an hour after I woke up from anesthesia. Three days after surgery, I was

discharged. I went for a walk outside and could already feel a difference. I still had some shortness of breath, but it felt different. There wasn’t the same pounding in my chest anymore. I was able to be back at work after a month. Looking back, I think it was hard to recognize I was in decline. Sometimes you don’t realize how bad things are until you get the surgery. After the surgery, I started exercising more regularly and felt much better. Now I would say my health is near excellent. I like to cycle, and I’ve even hiked up mountains and run a 5K—things I never thought I could do before.



VI’S TIPS

- + **FIND AN EXPERT**
See a doctor who knows about your condition.
- + **CONNECT**
The Hypertrophic Cardiomyopathy Association (4HCM.org) has online support groups you can join for advice and understanding.
- + **HAVE HOPE**
HCM isn’t a death sentence. You can manage it.

KNOWING THE SIGNS AND MANAGING OHCM

RECOGNIZING AND MANAGING YOUR DISEASE

By Rachel Reiff Ellis
Reviewed by Brunilda Nazario, MD, WebMD Chief Physician Editor, Medical Affairs

HOW OHCM SHOWS UP

Though it affects everyone differently, the most common symptoms are:

- + Irregular heart rhythm (arrythmia)
- + Chest pain, especially during activity
- + Fatigue
- + Fluttering or pounding in your chest
- + Lightheadedness or dizziness
- + Fainting
- + Shortness of breath, especially during activity
- + Swelling in your feet, ankles, legs, belly, or neck

Hypertrophic cardiomyopathy (HCM) means your heart muscles around the main chamber of the heart are thicker than normal. You may not notice any symptoms until the condition gets in the way of blood flow out of your heart. However, obstructive hypertrophic cardiomyopathy (OHCM) can cause a range of symptoms. It's rare, but OHCM can cause life-threatening heart rhythms and sudden death. You can lower your chances of this by knowing what your risk is and finding and treating the condition early.

WHAT TO WATCH FOR

If a first-degree relative of yours has HCM, doctors recommend you get an echocardiogram once every 5 years to screen for the condition. You can also have genetic testing to learn if you have the variant that would cause HCM. With this early identification, your doctor will know better how to treat you and monitor other family members.

“You've got a 50/50 chance of having the illness if one of your parents have had

it,” says William W. O'Neill, MD, director of the Henry Ford Health Center for Structural Heart Disease in Detroit. “But it's important not to screen too early, because the disease itself doesn't manifest itself until later in teenage years.”

Most often, people with OHCM start having symptoms in their 50s, 60s, or 70s. Usually it starts with shortness of breath. “People often say, ‘You know, a year ago I could climb a flight of stairs, and now I can't,’ and that means it's becoming symptomatic and something should be done,” O'Neill says.

You may also notice you're lightheaded more often when you stand up quickly or when you exert yourself. You may even faint.

“You could pass out for a number of reasons,” says Fawwaz I. Hamati, MD, a cardiologist in Johnson City, TN. “Your heart might be pumping so hard that very little blood is getting out because of the obstruction, or you could have a big significant arrhythmia.”

Arrhythmias are abnormal heart patterns that happen when the electrical signals in your heart malfunction. Thick muscle can make these

signals go awry and cause a fluttery feeling in your chest.

LIFESTYLE MANAGEMENT

HCM is chronic, meaning you always have it. It can get worse over time, depending on how you manage it. One simple thing you can do, O'Neill says, is to drink plenty of water every day.

“If you're dehydrated, then the heart sort of shrinks in size and the obstruction gets worse,” he says. Getting enough water is important especially if you're outside in warm weather and exercising, since you're losing even

more water to sweat. If you replenish your fluids, you can help keep symptoms at bay.

As for exercise, the key is moderation. Exercise is good for your heart because it helps strengthen the muscle and improves your circulation. But if you overdo it, you can bring on OHCM symptoms. And it may not take much to “overdo.” Because a thick heart muscle may already be blocking blood flow to the body, the body's normal response to exercise can make the blockage and blood flow to the body worse.



TIPS FOR LIVING WELL

Fawwaz I. Hamati, MD, shares ways to thrive with OHCM.

+ LEARN ABOUT IT
Knowledge is power. Find good quality sources for information and find out more.

+ LISTEN TO YOUR BODY
If it seems like something's not right, pay attention. Early action is key.

+ HAVE HOPE
New breakthroughs have created medications that are very effective in treating OHCM.

This goes for isometric exercises such as weight lifting, and also cardio-heavy workouts such as running.

“Both of those cause a marked increase in the stimulus of the heart muscle to thicken,” O’Neill says. “It’s fine to do a mild aerobic exercise, but don’t make it intense.”

Other good practices to follow:

- Avoid extreme hot and cold temperatures.
- Watch for infection, including gum infection.
- Ask your doctor for guidance on healthy levels of caffeine or alcohol.
- Avoid diet pills or over-the-counter cold medications.

Most of all, keep tabs on your day-to-day wellness and let your doctor know any time you notice a difference in your ability to do regular activities.

“If you can’t climb a flight of stairs without getting short of breath, then you should seek some help,” O’Neill says.

KIWIS/VIA GETTY IMAGES

TEST YOURSELF

How much do you know about obstructive hypertrophic cardiomyopathy?

By Kendall K. Morgan
Reviewed by Brunilda Nazario, WebMD Chief Physician Editor, Medical Affairs

When you have obstructive hypertrophic cardiomyopathy (OHCM), you’ll want to do what you can to keep your heart healthy. See how much you know about what you can expect from your condition and ways to help.

1. When you have OHCM, you have a shortened life expectancy.
☐ True ☐ False
2. If you have OHCM, you also have asthma.
☐ True ☐ False
3. You should be cautious about exercise when you have hypertrophic cardiomyopathy (HCM).
☐ True ☐ False
4. You could have more trouble with your hypertrophic cardiomyopathy if you don’t drink enough water.
☐ True ☐ False
5. You’ll notice you have OHCM from trouble breathing, chest pain, fainting, dizziness, and heart palpitations.
☐ True ☐ False

1. **False.** People with OHCM can live a long life. When you follow your doctor’s advice and lead a healthy life, you could have a normal life expectancy. Your risk of sudden cardiac death may be higher than it is for other people. But worries about this mostly came from studies of young athletes who died suddenly without knowing they had any heart problem. Talk to your doctor about your risks and what they recommend for you.

2. **False.** Doctors sometimes mistake the symptoms of OHCM for exercise-induced asthma because symptoms can be similar. But OHCM doesn’t come with more risk for asthma. People with OHCM often do have sleep apnea, or breathing that stops and starts during sleep. Ask your doctor if you have OHCM and think you may have sleep apnea, too, as this may lead you to have worsening heart symptoms and lower quality of life.

3. **False.** Your doctor may recommend that you avoid high-intensity exercise and competitive sports. But if these are



important to you, talk to your doctor to understand your risks so you can make your own informed decisions. When you have OHCM, it’s important to exercise regularly at moderate intensity to keep your heart and the rest of your body as healthy as you can. Ask your doctor if you need help getting started on a healthy exercise routine.

4. **True.** This might seem surprising, but it’s true. When you don’t drink enough water, it can cause dehydration and your blood volume to drop. When this happens, it can make the obstruction to blood flow in your heart worse. Ask your doctor how much water you should drink daily and other steps you should take to avoid dehydration.

5. **False.** These are symptoms of OHCM. But many people who have it don’t notice any symptoms. If you don’t have symptoms but OHCM runs in your family, ask your doctor if you should have screening and/or genetic testing to find out if you have it or are at risk and what you can do to keep your heart healthy.

LORADO/VIA GETTY IMAGES



HEART HEALTH

THE IMPORTANCE OF PRACTICING GOOD DIET AND EXERCISE

By Kendall K. Morgan
Reviewed by Brunilda Nazario, MD, WebMD Chief Physician Editor, Medical Affairs

When you have hypertrophic cardiomyopathy (HCM), it’s harder for your thickened heart to pump your blood. These changes often arise early in life, but changes in the heart also can happen later.

“When your heart pumps blood out into the aorta, it ideally should do that with no pressure on the outer side,” explains Theodore Abraham, MD, a cardiologist at the University of California San Francisco Health. “It should be efficient like a garden hose that flows nice and easy. In HCM, thickening muscle is like a thumb pressing down.”

That pressure can partially obstruct blood flow. About two-thirds of people with HCM will have obstructive hypertrophic cardiomyopathy (OHCM).

DIETARY CONSIDERATIONS

Abraham says that, while your diet may not change the underlying thickening of heart muscle, it will help you to avoid adding other heart problems. For instance, he suggests avoiding a diet that’s high in saturated fats and salt.

“On top of OHCM, you don’t want to have a heart attack or high blood pressure,” he says. “General heart health is important.”

If you have high blood pressure or diabetes on top of OHCM, which isn’t uncommon, he says it’s important to make sure it’s fully controlled. Diet can help along with any medications your doctor prescribes.

“Diet is important because one of the main

things you can do for yourself [with OHCM] is to be healthy in general,” says Steve R. Ommen, MD, a cardiologist at the Mayo Clinic and director of the Mayo Hypertrophic Cardiomyopathy Clinic in

QUESTIONS FOR YOUR DOCTOR

- + Should I lose weight?
- + Is it OK to exercise? How much?
- + What type of exercise should I try?
- + Should I get a stress test first?
- + What about sports?

HALFPPOINT/VIA GETTY IMAGES

Rochester, MN. “If you are healthier, you are more likely to do better.”

KEEP MOVING

In the past, doctors were hesitant to encourage exercise for people with OHCM. But, Ommen explains, that was based on findings that competitive athletes who’d died suddenly often had OHCM.

“It got extrapolated to: You shouldn’t exercise,” he says.

Doctors have since come to realize, however, that those studies represent a highly select group. They don’t tell you about the risks and benefits of more moderate exercise for people diagnosed and in treatment for OHCM today.

“What we’re seeing now is that patients [with OHCM] who engage in exercise as

part of a healthy lifestyle derive the same benefits [that anyone else would] without excess risk of dying suddenly or hurting the heart.”

Ommen recommends starting with walks 5 days a week for 20 minutes, and moving up from there. “You want to be able to speak a full sentence while you’re active, not a full paragraph,” he says. He still recommends avoiding high-intensity exercise and extreme heat or cold until more evidence on safety is in.

“Our goal is for patients to participate in an active lifestyle, like the rest of us,” Ommen says. “If there are symptoms, they may need therapy. The goal is to be out there and be active. That’s quite achievable with HCM.”

OBESITY WOES

A healthy diet and exercise are two of the best things any of us can do to maintain a healthy

weight. When you have OHCM, your heart may already be less efficient and extra pounds will make it that much harder.

“The way I put it to my patients is that, at a healthier weight, it takes less effort to move,” Ommen says. When your heart is already not as efficient as it should be, keeping your body in the best shape that you can makes everything easier.

“Obesity contributes to even more thickening of the heart,” Abraham adds. “If you have obesity, we would suggest you lose weight to help reduce the thickening. Every little bit helps.”

YOUR HEART-HEALTHY GROCERY LIST

- When you have OHCM, follow a diet that’s generally heart healthy. Heart-healthy foods for your shopping list may include:
- + Fish with omega-3s
 - + Nuts
 - + Berries and other fruits
 - + Seeds
 - + Oats
 - + Lentils and beans
 - + Tofu
 - + Veggies
 - + Dark chocolate
 - + Olive oil

looking to
STAY WELL
every day



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traditionally thought
to help your body's
defenses



ROSE HIPS

Tart and tasty herb
commonly used to
help support your
well-being

LEMONGRASS

Tasty herb commonly
thought to be a
supportive hand to your
overall health



ELDERFLOWERS

Light colored flower
traditionally
considered to help
support a healthy
lifestyle



BIGELOW®
BENEFITS

Redefining Wellness
EVERY DAY