

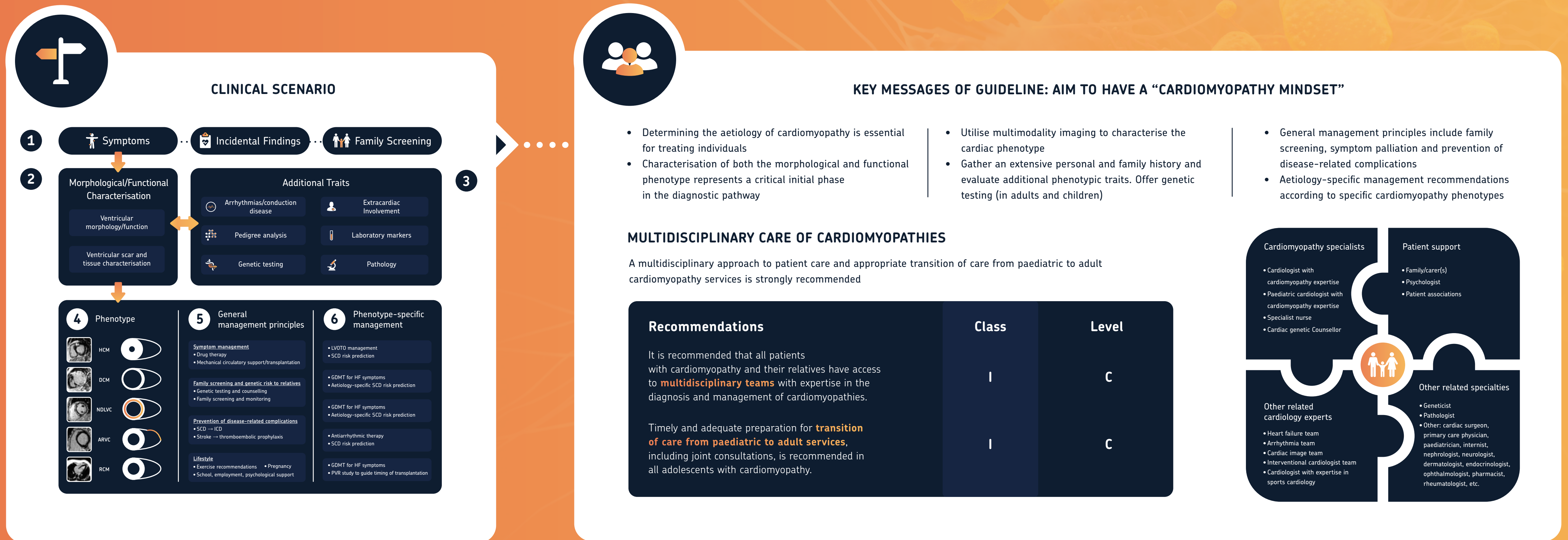
# What's New in HCM Management? Key Updates from the 2023 ESC Guidelines on Cardiomyopathies

The new “2023 ESC Guidelines for the management of cardiomyopathies, clinical practice guidelines” is a fresh guideline aimed at providing clarity for diagnosing and

managing cardiomyopathies based on updated disease phenotype descriptions. It provides a focused update on the management of HCM. The salient updates for HCM

were reviewed in video format by the guideline Chairpersons ([accessible here](#)) and are summarised in this document.

## General principles to cardiomyopathy management



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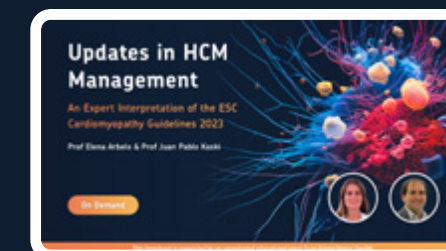
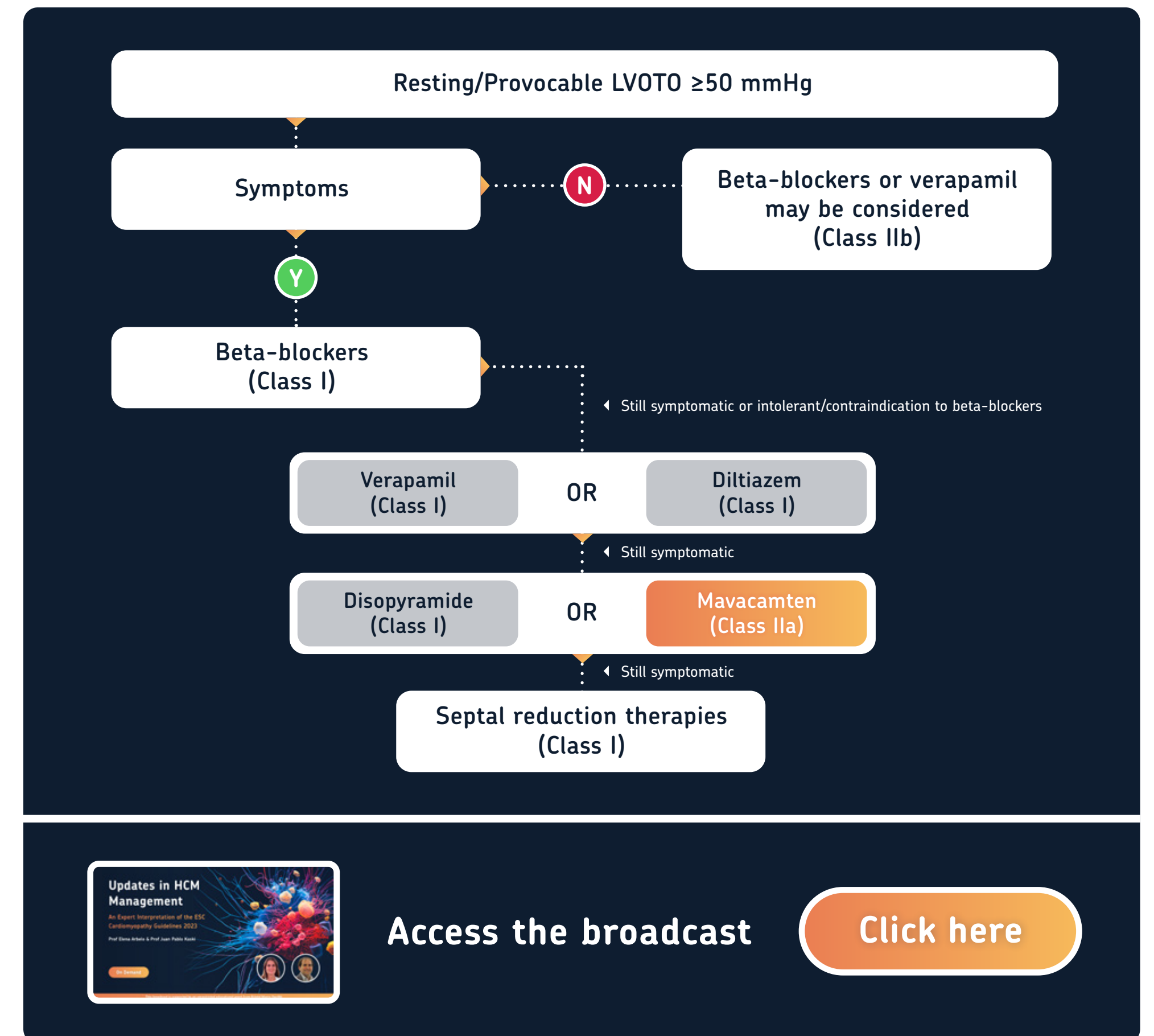
## Symptom assessment and management of HCM

- The assessment of symptoms remains essentially unchanged
- Effectively managing all forms of cardiomyopathies hinges on the adept handling of symptom control, disease recognition, and the prevention of disease-related complications like SCD, heart failure, and stroke
- The initial step in preventing sudden death in individuals with HCM involves the use of validated risk-prediction tools such as HCM Risk-SCD and HCM Risk-Kids
- In the paediatric population, it is recommended that septal myectomy rather than alcohol ablation as the therapy for septal reduction
- In selected patients with additional features, SRT may be considered in patients with mild symptoms



## Management of LV outflow tract obstruction

- Beta blockers and calcium channel blockers maintain their Class I indications
- The inclusion of a cardiac myosin inhibitor (mavacamten), should be considered as an option alongside beta blockers (or verapamil/diltiazem) to enhance symptoms associated with resting or induced LVOTO (Class IIa, Level of Evidence A)
- Furthermore, it may be considered as a standalone therapy (Class IIa, Level of Evidence B) when patients exhibit intolerance or contraindication to beta blockers, verapamil/diltiazem, or disopyramide



Access the broadcast

[Click here](#)