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

General principles to cardiomyopathy management



were reviewed in video format by the guideline Chairpersons (<u>accessible here</u>) and are summarised in this document.

KEY MESSAGES OF GUIDELINE: AIM TO HAVE A "CARDIOMYOPATHY MINDSET"

- Utilise multimodality imaging to characterise the
- Gather an extensive personal and family history and evaluate additional phenotypic traits. Offer genetic
- General management principles include family screening, symptom palliation and prevention of disease-related complications
- Aetiology-specific management recommendations according to specific cardiomyopathy phenotypes



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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

Arbelo E, Protonotarios A, Gimeno JR, Arbustini E, Barriales-Villa R, Basso C, Bezzina CR, Biagini E, Blom NA, de Boer RA, De Winter T, Elliott PM, Flather M, Garcia-Pavia P, Haugaa KH, Ingles J, Jurcut RO, Klaassen S, Limongelli G, Loeys B, Mogensen J, Olivotto I, Pantazis A, Sharma S, Van Tintelen JP, Ware JS, Kaski JP; ESC Scientific Document Group. 2023 ESC Guidelines for the management of cardiomyopathies. Eur Heart J. 2023 Aug 25:ehad194. doi: 10.1093/eurheartj/ehad194. HCM, hypertrophic cardiomyopathy; left ventricular outflow tract obstruction, LVOTO; SCD, sudden cardiac death; SRT, septal reduction therapy.



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