

Destination Healthy Heart:

A ROADMAP TO MANAGING HEART FAILURE



Heart Failure

DUE TO TAKOTSUBO

NURSE TALKING TIPS SHEET

This nurse tipsheet was developed by AAHFN as resource in facilitating patient education. It provides additional information so that the nurse can supplement their patient teaching with the corresponding patient tipsheet. Because no one page could be exhaustive, a list of resources is provided on page two for additional information.

Patient teaching should focus on:

1. Takotsubo cardiomyopathy is an acute presentation of heart failure that may be accompanied by chest pain and symptoms of a heart attack.
2. Can be temporary, reversible, and rarely reoccurs; full recovery usually occurs within days to weeks.
3. Patient needs to find stress management solutions.
4. Follow up echocardiogram may be necessary to determine if left ventricular function has returned to normal.

Background:

- Also known as “broken heart syndrome” or “atypical apical ballooning,” Takotsubo cardiomyopathy was first recognized by Japanese cardiologists in 1990.
- Is usually brought about by severe emotional or physical stress.
- Is named because the heart takes on the shape of a Japanese fishing pot used to trap octopus.



Causes:

- 85% of reported cases are in post-menopausal women due to sudden, unexpected emotional or physical stress causing excessive release of adrenaline
- Also reported in patients with adrenaline overdose and patients with adrenaline-producing tumors
- Usual risk factors for coronary heart disease (smoking, elevated cholesterol, hypertension) do not apply to Takotsubo cardiomyopathy

Symptoms:

Mimicking the same symptoms of acute coronary syndrome and acute HF, symptoms of Takotsubo cardiomyopathy include:

- Sudden intense chest pain
- Shortness of breath and symptoms of acute HF
- Elevation of ST-segment
- Arrhythmias

Diagnosis:

- Coronary angiography reveals no obstructive disease but left ventricular ballooning
- Elevated troponin levels may be observed because while a clot did not cause the event, heart muscle damage did occur

Treatment:

- Initial treatment should focus on stabilization of hemodynamics without use of inotropes which can exacerbate the disease.
- Medication therapy includes beta blockers, ACE inhibitors, diuretics and ASA.
- Supportive care should focus on alleviation of physical and emotional stressors, including mental health consultation to address stress as warranted.

For Further Reference:

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Sharkey, S. W., Lesser, J. R. & Maron, B. J. (2011). Takotsubo (Stress) Cardiomyopathy. *Circulation*, 124, e460-e462. doi: 10.1161/CIRCULATIONAHA.111.052662

