Brooke Army Medical Center, San Antonio TX

INTRODUCTION

- While Takotsubo Cardiomyopathy (TC) is a rare form of cardiomyopathy, Recurrent Takotsubo Cardiomyopathy is more so, occurring in only 4% among patients with one episode of TC (1).
- Current therapeutic management is based on expert opinion alone and includes standard heart failure treatment using Beta Blockers (BB) and Angiotensin Converting-Enzyme inhibitors (ACEI).
- Despite experts acknowledging that emotional stress is a trigger for TC, there is not an accepted or proposed treatment that aims to control emotional stress in the treatment and prevention of recurrent TC.
- Here, we present a case of recurrent stress cardiomyopathy and how the concomitant use of a selective serotonin reuptake inhibitor (SSRI) and Cognitive Behavioral Therapy (CBT), added to standard medical therapy, successfully prevented another recurrence of TC.

CASE

- A 64yo female initially presented to the hospital with chest pressure, and emergent heart catheterization demonstrated non-obstructive coronary artery disease and apical hypokinesis with preserved function of the basal wall, consistent with stress cardiomyopathy. She reported multiple emotional stressors at home.
- The patient was started on BB and ACE, and five months later repeat imaging showed resolution of her TC.
- Later, approximately one month after documented resolution, the patient was admitted to the hospital for chest pressure in the setting of emotional stress. Imaging again demonstrated stress cardiomyopathy.
- This time, in addition to continued BB and ACE therapy, she was started on an SSRI and was referred to a clinical psychologist for CBT.
- Nearly 6 months later, her TC has resolved and she reports significant improvement in her chest pain and mood.

IMAGING

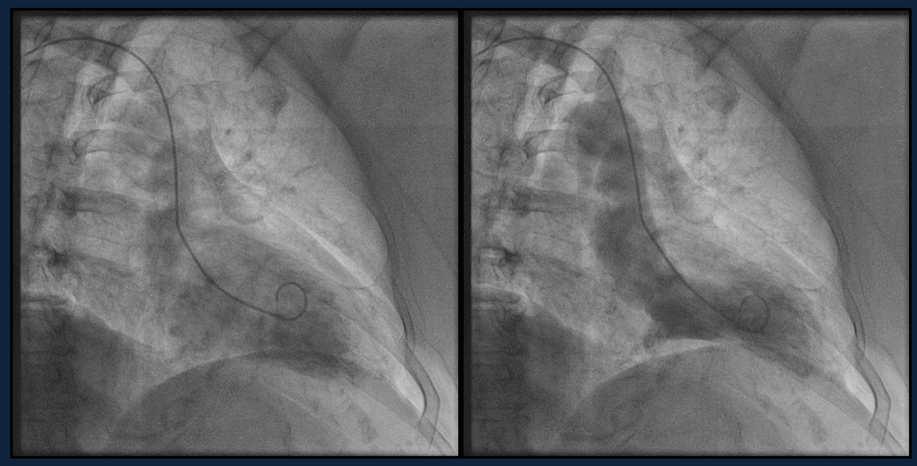

Figure 1. Left ventriculogram in diastole (left) and systole (right) demonstrating the classic appearance of stress cardiomyopathy with basilar hyperkinesis and "ballooning" of the apical wall segments.

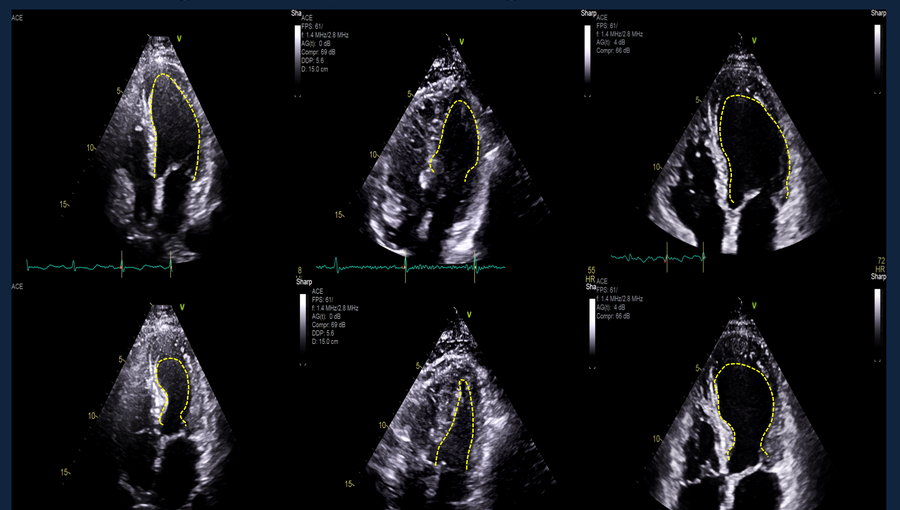

Figure 2. Transthoracic echocardiogram performed at initial presentation (A), at five month follow-up (B), and on readmission for recurrence of symptoms (C). Apical four-chamber in diastole (top row) and in systole (bottom row) demonstrating apical hypokinesis and basilar hyperkinesis on initial presentation (A) and again on readmission (C) with transient recovery and normalization of LV function between the hospitalizations (B). Endomyocardial border is outlined (yellow line) to help visualize wall motion abnormality and LV function.

DISCUSS

- Anxiety and depression are mor TC than in both healthy patients STEMI (2) but there is little in th of SSRI and CBT in TC treatment
- In fact, SSRIs are controversial, s catecholamine concentration, w contributes to the development
- However, despite this theory of use of Beta-Blockers, which shou catecholamine action on the bet have not been shown to have ar and meta-analyses for treatmen recurrent TC (3).
- The positive response of our pat CBT therapy, however, suggests should be conducted on the use prevention and treatment of re

FUTURE RES

- The link between the brain an needs additional research in o care of patients with TC and p
- It would be beneficial to perfo that investigate groups of pati who receive treatment with G receive GDMT with SSRIs, SNR
- It may be helpful to look at an as it could be that uncontrolle an independent risk factor, reg not an SSRI is being used.

REFEREN

1. El-Battrawy, Ibrahim, et al. "Incidence and Clinical Impact of Re Registry." Journal of the American Heart Association 8.9 (2019)
2. Ghadri, Jelena-Rima, et al. "International expert consensus doc characteristics, diagnostic criteria, and pathophysiology." Europ
3. Ghadri, Jelena-Rima, et al. "International expert consensus doc workup, outcome, and management." European heart journal 3
4. Zvonarev, Valeriy. "Takotsubo Cardiomyopathy: Medical and Psy the Treatment of Adults with "Broken Heart" Syndrome." Cureu