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Broken Heart Syndrome

Takotsubo cardiomyopathy is a sudden, temporary weakening of the heart set off by stress, with no blocked artery.

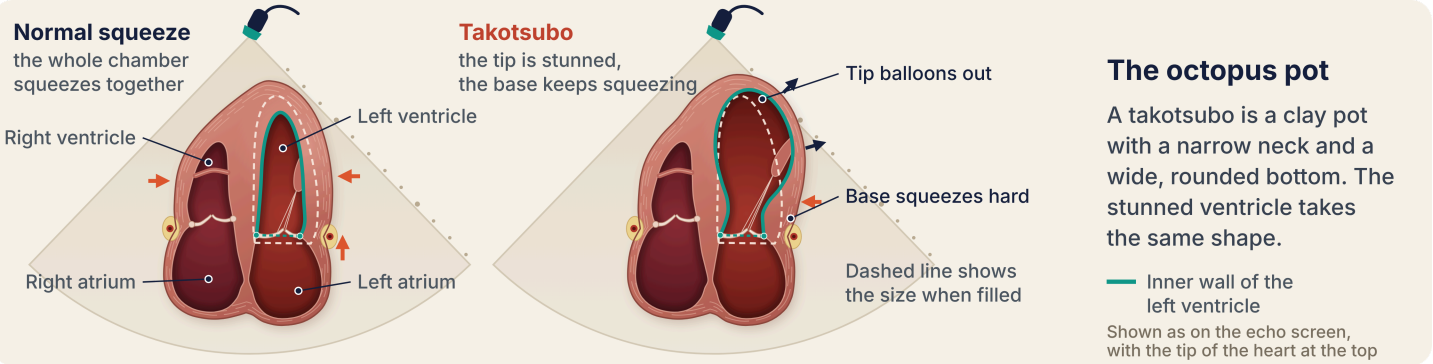
80–90%
of cases are in women, and the vast majority are past menopause

3–6 months
until heart function is usually back to normal or near-normal

2–10%
have another episode, depending on how long people are followed

WHAT'S HAPPENING

A stunned heart in the shape of an octopus pot



Takotsubo is a sudden weakening of the left ventricle, your heart's main pumping chamber, without any blocked heart artery. The bottom of the ventricle (the apex) stops contracting and balloons outward, while the top and middle keep working, sometimes harder than normal. The leading explanation is a sudden flood of stress hormones. The muscle is stunned, like a boxer who has been hit hard but not cut, and with time and supportive care it recovers.

HOW IT SHOWS UP

It looks just like a heart attack

A stressor first
Sudden grief, frightening news or anger. Sepsis, surgery or a stroke. Even a startling event like a surprise party or a car accident.

Heart attack symptoms
Sudden chest pain, often pressure or heaviness, shortness of breath, sweating and a sense of dread, palpitations, and in some cases fainting or a near-faint.

The tests
Troponin (a marker of injured heart muscle) is up and the EKG often looks like a heart attack. An urgent catheterization then shows the heart arteries are open.

Weeks to months

Your heart is temporarily stunned and was not permanently damaged by a blocked artery. The road to recovery is measured in weeks to a few months, and most patients return to full activity.

THE HOSPITAL STAY, TREATMENT AND RECOVERY ARE ON THE BACK

IN THE HOSPITAL AND AFTER

What to expect as your heart recovers

THE FIRST FEW DAYS

why you're monitored in the hospital

Heart failure or shock	The ventricle can be too weak to push enough blood forward, with fluid in the lungs and low blood pressure. Some patients need intensive care with IV medicines or temporary pump support.
Blocked outflow	Especially in the less common middle and base patterns, the shape of the ventricle can narrow the path blood takes out of the heart. Beta-blockers and careful fluid management treat it.
Rhythm problems	These happen in a minority of patients and can be life-threatening, so they need quick recognition and treatment.
A clot in the heart	Blood can pool and clot in the tip that isn't moving, which carries a risk of stroke. If the echo shows a clot, blood thinners are started.

THE USUAL RECOVERY TIMELINE

1–2 weeks
Real improvement
for most patients

1 month
Pumping recovers
substantially, in most

3–6 months
Normal or near-normal
with a repeat echo to confirm it

1 year
Back to baseline
for the great majority

MEDICINES WHILE YOU RECOVER

Beta-blockers	Dampen the effect of the stress hormones and reduce the workload on the weakened heart.
ACE inhibitors or ARBs	Support the recovery of the ventricle. Diuretics are used carefully for fluid buildup, and blood thinners if the echo shows a clot.
How long	Typically at least three to six months, with doses coming down as heart function improves. Once your pumping is back to normal and you're stable, they can often be tapered and stopped, unless there are other reasons to keep them, like high blood pressure.

CAN IT COME BACK?

Possible, and uncommon	Recurrence rates run from about 2 to 10 percent, and most patients never have a second episode. The trigger is usually another major stressor, similar to the first or completely different.
Looking after yourself	Stress management, regular sleep, a healthy diet and exercise as tolerated, and treating other risk factors like high blood pressure or diabetes. Therapy or counseling is sometimes recommended if the emotional stress was profound.

CHEST PAIN OR SHORT OF BREATH?

Because takotsubo can come back, call 911 for chest pain or sudden shortness of breath. Nobody can tell a second episode from a heart attack at home. Then get back to your life without excessive fear.

READ THE FULL ARTICLE

damianrasch.com/
takotsubo-cardiomyopathy

For education only, and not a substitute for advice from your own physician. Sources include the InterTAK International Expert Consensus on Takotsubo Syndrome (European Heart Journal 2018), Templin and colleagues (NEJM 2015), Eitel and colleagues (JAMA 2011) and review articles in JACC (2018 and 2021).

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