

# NAVIGATING LIFE WITH HYPERTROPHIC CARDIOMYOPATHY

## FEATURE IMPACT

Living with obstructive or non-obstructive hypertrophic cardiomyopathy (HCM) can affect everyday life, your plans and the people around you. For some people, every morning with the condition can feel a bit like a “roll of the dice.”

Simple tasks like making the bed, climbing stairs or working at the computer can lead to breathlessness or an inability to focus. What may start as a “good day” can quickly lead to fatigue and thoughts that you “pushed too hard.”

HCM is a complex heart condition caused by abnormal genes that leads to thickening and stiffening of the heart muscle, requiring more energy for the heart to pump effectively. The condition, which can develop at any point in life, reduces the amount of oxygen-rich blood being pumped to the rest of the body, which leads to symptoms and potential complications, especially in those who develop the condition before age 40, according to research published in “Circulation,” the American Heart Association’s flagship journal.

To learn more about the condition, consider this information from the experts at Lexicon Pharmaceuticals, sponsors of the SONATA-HCM clinical trial studying a potential new treatment for HCM.

## HCM Signs and Symptoms

Some people with HCM don’t have symptoms in the early stages but develop them

over time. Particularly if you have a family history of HCM or the abnormal gene, beware of these common symptoms:

- Feeling fatigued or lacking energy
- Breathlessness, especially with physical activity
- Chest discomfort or pain
- Lightheadedness, fainting or dizziness
- Swelling in the ankles, feet, legs or stomach

## Potential HCM Complications

People living with HCM may develop further complications, such as heart failure, atrial fibrillation, ventricular tachycardia or ventricular fibrillation. The condition can also lead to sudden death, especially in children, teens, young adults and competitive athletes, who may not have any (or few) symptoms and are unaware they have a heart problem.

## Common Risk Factors

HCM can run in families, and children of an affected parent have a 50% chance of having HCM, based on additional research published in “Circulation.” Other family members also have an increased risk of having HCM. To assess your risk, collect a family health history, noting family members who passed away suddenly, especially if they were 40 years old or younger; family members with heart failure, atrial fibrillation or other cardiac events such as heart attack or stroke; and family members who have had a heart transplant or use a pacemaker or implantable cardioverter-defibrillator.



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## Diagnosing HCM

Genetic testing is the first step to diagnosing HCM after experiencing symptoms. If the testing shows you (or a family member) have the genetic abnormality, it’s important to see a cardiologist to check your heart and confirm the diagnosis.

## Living with HCM

Currently, no medications have been proven to prevent HCM or reduce the risk of death from the condition. If you have obstructive HCM, your health care provid-

er may recommend a medication, such as a cardiac myosin inhibitor (CMI), that may improve the obstruction and reduce symptoms. Recommendations also could include regular monitoring to check for changes in the heart, light-to-moderate physical activity, surgery for severe cases, participation in clinical trials or lifestyle changes to control high blood pressure, sleep apnea and obesity. These conditions could increase your risk of developing complications of HCM.

## WHY ENROLLING IN A CLINICAL TRIAL COULD MAKE A DIFFERENCE

Nearly every treatment breakthrough begins with patients who choose to participate in research. By joining the SONATA-HCM study, you may help advance care for those living with HCM.

The global Phase 3 clinical trial is investigating whether sotagliflozin, a once-daily dual-action SGLT1 and SGLT2 (Sodium-Glucose Co-Transporter) inhibitor, can improve symptoms and daily functioning for people with HCM. Earlier studies published in the “New England Journal of Medicine” suggest it may lower the risk of heart failure events, heart attacks and strokes. Researchers are now assessing its potential benefits – including improving how heart cells handle sugar and salt and use energy more efficiently – for people living with obstructive and non-obstructive HCM.



To explore whether taking part in the study is right for you, visit [SONATA-HCM.com](https://SONATA-HCM.com).



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