

AHA/ACC urge shared decisions in hypertrophic cardiomyopathy

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genetic transmission; screening first-degree family members can begin at any age. For patients with HCM, optimal care requires cardiac imaging to confirm diagnosis, characterize pathophysiology, and identify risk markers; the foundational imaging modality continues to be echocardiography. As new markers emerge, assessment of an individual patient's risk for sudden cardiac death continues to evolve; communication regarding the presence of risk markers and the magnitude of their individualized risk is key, enabling <u>patients</u> to participate in decision-making.

"This updated guideline places emphasis on including the patient in the decision making process rather than simply providing dogmatic lists of do's and don'ts," Ommen said in a statement.

More information: <u>Abstract/Full Text</u> (subscription or payment may be required)

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(HealthDay)—Updated clinical practice guidelines from the American Heart Association/American College of Cardiology, published online Nov. 20 in *Circulation*, emphasize shared decision-making in the management of hypertrophic cardiomyopathy (HCM).

Steve R. Ommen, M.D., from the Mayo Clinic in Rochester, Minnesota, and colleagues have developed guidelines for the diagnosis and treatment of patients with HCM to update the previous version issued in 2011.

The authors recommend shared decision-making between patients and their care team, including full disclosure of all testing and treatment options, discussion of the risks and benefits of these options, and engagement of patients to express their goals. For optimizing care for HCM patients, referral to multidisciplinary centers with graduated levels of expertise can be important. One of the cornerstones of care is providing counseling for patients with HCM regarding the potential for



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