

STATEMENT OF DR. MILIND DESAI IN SUPPORT OF HOUSE BILL 356

Before the Public Health Policy Committee

Representative Adam Mathews, Chair

Chairman Mathews, Vice Chair Stewart, Ranking Member Liston, and Public Health Policy Committee members: Thank you for the opportunity to present proponent testimony for House Bill 356, the "Healthy Cardiac Monitoring Act."

My name is Dr. Milind Desai. I am the Medical Director of the Hypertrophic Cardiomyopathy Clinic at Cleveland Clinic, an HCMA-recognized Center of Excellence. I have more than 20 years of specialized experience in treating aneurysm, coronary artery disease, and cardiomyopathy, among other conditions.

Hypertrophic Cardiomyopathy (HCM)

HCM is the most common cause of cardiac death in young people in North America. HCM is most often caused by abnormal genes in the heart muscle. These genes cause the walls of the heart chamber (left ventricle) to become thicker than normal. The thickened walls may become stiff, and this can reduce the amount of blood taken in and pumped out of the body with each heartbeat.

That's the tough news. The much better news is that the long-term outcome for people with diagnosed HCM is very good. Most patients timely diagnosed with HCM have normal life expectancy without significant limitations or complications^[PS1]. A small number of people with HCM, however, are at risk for complications, including heart failure, atrial fibrillation, and sudden death. Often, the greatest risk associated with hypertrophic cardiomyopathy arises from a lack of timely screening and diagnosis and the forgone opportunity for case-specific care. That's why HB 356 matters so much to me and my colleagues.

Signs, Symptoms and Risks

Some people with hypertrophic cardiomyopathy don't have symptoms while others may only feel symptoms with exercise or exertion. Some people may not have signs or symptoms in the early stages of the disease but may develop them over time.

Knowing the signs and symptoms of HCM is important. It can help with getting an early diagnosis when treatment may be most effective.

Signs and symptoms of HCM include:

- Chest pain, especially with physical exertion
- Shortness of breath, especially with physical exertion
- Fatigue

- Arrhythmias (abnormal heart rhythms)
- Dizziness
- Lightheadedness
- Fainting (syncope)
- Swelling in the ankles, feet, legs, abdomen

HCM is a chronic disease that can get worse over time. This can lead to poorer function and quality of life, long-term complications and more financial and social burden. As HCM progresses, it can cause other health problems. People with HCM are at higher risk for developing atrial fibrillation, which can lead to blood clots, stroke and other heart-related complications. HCM may also lead to heart failure. It can also lead to sudden cardiac arrest, but this is rare.

HCM has been regarded as the most common cause of sudden cardiac death in young people and competitive athletes in North America, although it is rare.

Today, I would like to speak on risk stratifications available for patients diagnosed with Hypertrophic Cardiomyopathy (HCM).

Risk: Sudden Cardiac Death

Sudden cardiac death (SCD) remains a devastating consequence of HCM. The propensity to potentially fatal ventricular arrhythmias is the most feared complication, particularly in young asymptomatic people. With early diagnosis, we have the opportunity to identify those HCM patients who are at risk of arrhythmogenic sudden cardiac death (SCD) and provide disease management to reduce this risk. Patients with the most powerful risk factors are often recommended to benefit from implantable cardioverter defibrillator therapy, also known as ICD Therapy. An ICD is a small electronic device connected to the heart that continuously monitors and helps regulate potentially life-threatening electrical problems in the heart.

Risk: Atrial Fibrillation & Stroke

Atrial fibrillation (AF) in HCM is associated with an increased risk for embolic stroke. Atrial fibrillation is a quivering or irregular heartbeat or arrhythmia. AF can also lead to blood clots, heart failure, and other heart-related complications. However, many advances in treatment strategy have resulted in improved outcomes for this patient group.

Management of AF in HCM is a combination of non-pharmacological lifestyle and risk factor modification, long-term anticoagulation, and rhythm control with antiarrhythmic medications, septal ablation, and radiofrequency catheter ablation.

Risk: Progressive Heart Failure Symptoms

Those patients experiencing symptoms of progressive heart failure often have success with drugs, surgery, and, in some cases, transplant.

Conclusion

While I'm not here to speak for Ohio's cardiac care community, I can say that the AHA and its Ohio chapter are steadfastly in support of required, well-vetted screening questions added to every well-child exam. I have not encountered Ohio colleagues who have indicated otherwise, or that this would be an unwarranted, time-wasting or costly burden. To the contrary: we chose this particular career path to save and extend lives. Mandating screening questions for well-child examinations would be a very welcome addition to our toolbox. Thank you.