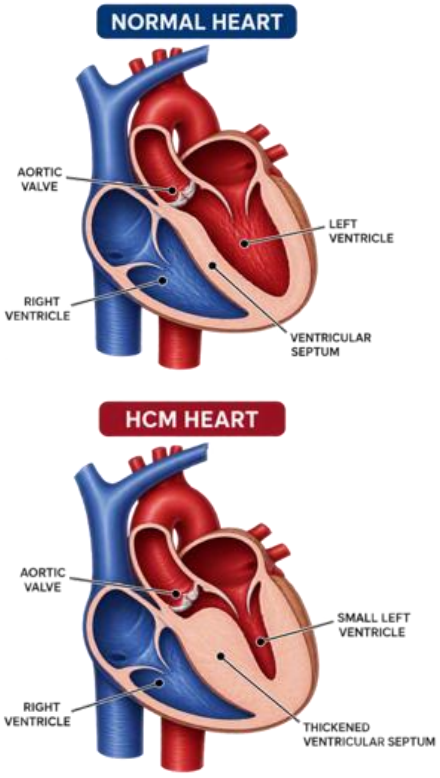
# Hypertrophic Cardiomyopathy (HCM) and Hypertrophic Obstructive Cardiomyopathy (HOCM)

**Hypertrophic Cardiomyopathy (HCM)** causes the heart muscle to become too thick. The thickening often happens in the wall between the heart's two lower chambers, called ventricles. This can make it harder for the heart to relax and fill with blood. If the thick muscle blocks blood from leaving the heart, it is called **Hypertrophic Obstructive Cardiomyopathy (HOCM)**.




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## Those at Risk

- HCM/HOCM can affect anyone regardless of age, gender, or ethnicity.
- HCM/HOCM can be an inherited disease. It can run in families. However, not all cases of HCM/HOCM are genetic.

## Symptoms

Some people have no symptoms at all. They may not know they have HCM/HOCM until it is found by their care team. Others may feel:

- Shortness of breath (especially with activity).
- Chest pain or pressure.
- Palpitations (feeling like your heart is racing or skipping beats).
- Lightheadedness or dizziness.
- Fainting (syncope), especially with strenuous activity.
- Lack of Energy/Fatigue.

## Diagnosing HCM/HOCM

Your doctor may first check you for HCM/HOCM if:

- Someone in your family has HCM.
- You have symptoms or a heart murmur.
- Your heart is functioning in an abnormal way.

Your doctor may conduct several tests including:

- Electrocardiogram (ECG/EKG) – test to check your heart rate and rhythm.
- Echocardiogram (echo) – heart ultrasound to look at heart structure. This includes wall thickness and function, pumping and blood flow.
- Cardiac MRI – an MRI of your heart. Done when an echocardiogram does not provide all the information your doctor needs to confirm or rule out HCM/HOCM.
- Genetic testing (if you have family history of HCM/HOCM).

**Complications**
Many people with HCM/HOCM do well with proper monitoring and treatment. However, in some cases, complications can occur, including:

- Heart failure – when the heart has difficulty relaxing or pumping.
- Atrial fibrillation (AFib) – an irregular heart rhythm that can increase stroke risk.
- Stroke – often related to abnormal heart rhythms like AFib.
- Sudden cardiac death – a rare but serious risk in certain people.

**Treatment**
The goals of treatment include:

- Control symptoms.
- Prevent irregular heart rhythms.
- Prevent the heart from getting worse at filling and pumping blood.
- Prevent blood from getting blocked as it leaves the heart.

Treatment depends on your symptoms and may include medicines and/or procedures.

- **Medicine:** We may prescribe medicines to slow your heart rate or control your heart rhythm. These medicines may also help control your blood pressure. They can help your heart pump blood to the rest of your body. It is important to take your medicine as prescribed. Tell your care team before adjusting or stopping.
    - **Beta-blockers:** Slow the heart rate and improve blood flow through your heart.
    - **Calcium channel blockers:** Work similarly to beta-blockers. They are used if beta-blockers are not tolerated.
    - **Cardiac Myosin Inhibitors:** Relax the heart in order to decrease blood flow obstruction from the heart.
- **Implantable cardioverter-defibrillator (ICD):** An ICD is a small device. It sends a strong electrical shock to your heart. If you have an abnormal, life-threatening rhythm, the shock helps to restore the heart rhythm back to normal.
- **Alcohol septal ablation:** A procedure where alcohol is injected into the heart muscle. It is done to shrink thickened tissue and improve blood flow through your heart.
- **Septal Myectomy:** A surgery that removes a portion of the thickened tissue in your heart. It is done to improve blood flow through your heart.

**Living with HCM/HOCM**
HCM/HOCM can affect many aspects of daily life. For some people, symptoms may make it harder to stay active or complete routine tasks. With the support of your healthcare team, you can manage the physical and emotional aspects of this condition.

HCM/HOCM can also affect emotional and mental well-being. It is common to feel frustrated, anxious, or overwhelmed at times. With the support of your healthcare team, you can manage both the physical and emotional aspects of this condition.

**Helpful Information**

- **Fluid Intake:** Stay well hydrated, especially in hot weather or during exercise. Avoid dehydration. It can worsen symptoms (unless your provider advises otherwise).
- **Alcohol & caffeine:** Limit or avoid alcohol and caffeine.

- **Medicines:** Take medicines exactly as prescribed. Certain medicines can worsen your condition. Always tell any doctor or dentist you have HCM before taking new medicines.
- **Diet:** Follow a heart healthy diet. This includes vegetables, fruits, nuts, beans, lean meat, fish, and whole grains. Limit sodium, sugar, and saturated fats.
- **Exercise:** HCM/HOCM can make exercise more difficult. It may also be unsafe because of how it affects blood flow out of the heart. Avoid high-intensity or competitive exercise. Try gentle to moderate activities, such as walking, swimming, or light cycling. It is beneficial for your heart health. Exercise plans should always be discussed with a healthcare provider who understands your condition.
- **Maintain a healthy weight:** Being overweight can worsen symptoms.
- **Sleep Apnea:** Breathing problems during sleep are common in HCM and can worsen symptoms. Tell your doctor if you snore loudly, feel tired more than normal during the day, or have been told you stop breathing during sleep.
- **Pregnancy:** For women with stable HCM, pregnancy is generally safe. It should be planned with your heart doctor to ensure close monitoring and appropriate medicine adjustments.
- **Important note for families:** HCM/HOCM runs in families. Close family members such as a parent, brother, sister, or child, should be checked for HCM.

**Follow up Visits**
Your care team will monitor you closely. It is important to keep all follow-up appointments. Share any new or worsening symptoms.

**When to Call**
Contact your care team if you notice:

- Worsening shortness of breath.
- Increased chest pain.
- New or more frequent palpitations.
- Dizziness or near-fainting episodes.
- Swelling in your legs or sudden weight gain.

**Call 911** if you experience any of the following:

- Fainting or loss of consciousness.
- Severe chest pain.
- Trouble breathing at rest.
- Sudden rapid or irregular heartbeat that does not stop.

**Who to Call**
UW Health Heart and Vascular Clinic
Monday-Friday, 8:00 am - 4:30 pm
**(608) 915-0200**

After hours, nights, weekends, and holidays this number will give you the paging operator. Ask for the cardiology fellow on call. Give your full name and phone number with the area code. A clinician will call you back.

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright © 10/2026 University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#8552.