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Dr Tong's special interests include:

- Coronary angiogram and angioplasty
- Cardiovascular risk assessment
- Chest pain and coronary artery disease
- Heart failure, arrhythmia and valvular heart disease.

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Takotsubo Cardiomyopathy (Broken Heart Syndrome)

A Patient Fact Sheet

By Dr David Tong, Cardiologist

Start with the symptoms

Takotsubo cardiomyopathy often feels like a heart attack.

The most common symptoms are:

- **Sudden chest pain**
- **Shortness of breath**
- **Heart palpitations** (feeling your heart race or skip beats)
- **Fainting or near-fainting**
- Sweating and feeling unwell

Because these symptoms can be serious and look like a heart attack, **always call emergency services** if they occur.

What is Takotsubo cardiomyopathy?

Takotsubo cardiomyopathy—also called **broken heart syndrome**, **apical ballooning syndrome**, or **stress-induced cardiomyopathy** - is a temporary condition where the heart muscle suddenly becomes weak.

- It mainly affects the **left ventricle** (the heart's main pumping chamber).
- The heart changes shape for a short time, which reduces how well it pumps.
- Unlike a typical heart attack, **there are no blocked coronary arteries**.

The name "Takotsubo" comes from a Japanese octopus trap that has a shape similar to how the heart looks during this condition.

How common is it?

- About **1–2% of people** who are thought to be having a heart attack actually have Takotsubo cardiomyopathy.
- **Over 90% of cases occur in women**.
- It is most common in **older adults**, average age mid-60s.

What can trigger it?

Takotsubo cardiomyopathy is often linked to **intense emotional or physical stress**, such as:

- Grief after the death of a loved one
- Major arguments or relationship stress
- Financial or work problems
- Domestic abuse
- Natural disasters
- Serious medical illness or surgery
- Severe social isolation or loneliness

Not everyone has a clear trigger. Some people with anxiety, depression, seizures, or headache disorders may be more prone. Rarely, it can run in families.



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How is it diagnosed?

Doctors use symptoms, heart tests, and imaging. A commonly used set of criteria comes from the Mayo Clinic and includes:

- Temporary weakening of the left ventricle
- No blocked coronary arteries
- New ECG changes or raised troponin (a heart blood test)
- Ruling out other conditions that can look similar

How is it treated?

Treatment is mostly **supportive** and like heart failure care:

- Heart medications while the heart recovers
- Careful fluid management
- Treating or reducing emotional and physical stress
- Hospital monitoring in the early phase

About **10% of patients** develop severe heart weakness needing intensive care.

What is the outlook?

The good news:

- It is usually **temporary**
- Most people recover heart function within **1–4 weeks**
- Most patients do very well long term

However:

- In-hospital death occurs in about **3–4%** of cases
- There is about a **2% per year chance** it can happen again

Doctors may prescribe heart medications after recovery, but it is not yet clear if they prevent recurrence.

When should I seek help?

Call emergency services right away if you have:

- New chest pain
- Shortness of breath
- Fainting
- Fast or irregular heartbeat

These could be Takotsubo cardiomyopathy—or a true heart attack—and both need urgent care.

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