Takotsubo cardiomyopathy (TCM) is a transient, reversible acute cardiac syndrome that mimics acute MI.

Reportedly frequently precipitated by an emotionally stressful event.

Excessive catecholamine release is a possible pathophysiologic mechanism.

Prevalence of anxiety and mood disorders in TCM patients varies among studies, ranging from 21-40%.

Methods

Setting: tertiary care hospital center: Thomas Jefferson University Hospital (650 medical/surgical acute care beds).

Retrospective chart review of TCM patients identified on echocardiography from 6/1/07-5/31/12.

TCM diagnosis confirmed by: no obstruction on catheterization, or; normal cardiac perfusion on nuclear medicine myocardial perfusion imaging, or; resolution of TCM on subsequent echocardiography.

133 possible cases were identified. 21 were excluded due to confirmed infarction or cardiac trauma. 5 were excluded due to presence of active substance abuse. 45 were excluded due to unconfirmed TCM.

Control group were patients identified on echo with apical akinesis for indication of MI, Chest Pain, Angina Pectoris, or Abnormal EKG.

82 possible cases were identified. MI was ruled out in 34 cases.

Discussion

CNS insult and presence of anxiety/depression/med are strong independent predictors of TCM.

These findings may warrant routine psychiatric screening and consultation for patients with TCM.

Do patients with anxiety/depression have a physiologic predisposition (excessive catecholamine release) to develop TCM?

Further research is needed to determine if prompt psychiatric treatment of mood and anxiety symptoms in acute TCM patients improves clinical outcome.