CARDIOMYOPATHY

Diagnosis

All patients should have once only pneumococcal immunisation and annual influenza immunisation

- Patients should avoid salt rich food;
- Exercise as per individualised programme;
- Consume only 1-2 units of alcohol per day (except if alcohol induced);
- Stop smoking and lose weight
- Adequate contraception is essential in patients with previous peripartum cardiomyopathy

Add warfarin if atrial fibrillation or history of an embolic event

Consider ACE inhibitor in all patients

Add diuretic if patient is fluid overloaded
Use thiazide if normal renal function or Loop diuretic if impaired renal function and volume overloaded

Add β-blocker in patients with ongoing symptoms who have NYHA class II – III symptoms and are euvolaemic

Continued symptoms?

Consider loop diuretic if impaired renal function and volume overloaded and NYHA class III/IV
Monitor serum K+, consider replacement if necessary

Add spironolactone low dose if NYHA class III/IV
Monitor serum K+

Consider digoxin in patients with NYHA class III/IV with persisting symptoms, atrial fibrillation, very poor LV function or persisting cardiomegaly

Start with low dose digoxin in elderly 0,125mg/day

If systolic failure refractory to treatment, review

NOTE: If patient truly intolerant to ACE inhibitor, consider hydralazine & isosorbide dinitrate combination therapy
Glossary:
- **ACE inhibitor** – Angiotensin converting enzyme inhibitor
- Serum K+ – Serum potassium
- **β-blocker** – Beta-receptor blocker
- NYHA – New York Heart Association
- LV – Left ventricular

Applicable ICD 10 Coding:
- I42 Cardiomyopathy
  - I42.0 Dilated cardiomyopathy
  - I42.1 Obstructive hypertrophic cardiomyopathy
  - I42.2 Other hypertrophic cardiomyopathy
  - I42.3 Endomyocardial (eosinophilic) disease
  - I42.4 Endocardial fibroelastosis
  - I42.5 Other restrictive cardiomyopathy
  - I42.6 Alcoholic cardiomyopathy
  - I42.7 Cardiomyopathy due to drugs and other external agents
  - I42.8 Other cardiomyopathies
  - I42.9 Cardiomyopathy, unspecified
- I25.5 Ischaemic cardiomyopathy

Note:
1. Medical management reasonably necessary for the delivery of treatment described in this algorithm is included within this benefit, subject to the application of managed health care interventions by the relevant medical scheme.

2. To the extent that a medical scheme applies managed health care interventions in respect of this benefit, for example clinical protocols for diagnostic procedures or medical management, such interventions must –
   a. not be inconsistent with this algorithm;
   b. be developed on the basis of evidence-based medicine, taking into account considerations of cost-effectiveness and affordability; and
   c. comply with all other applicable regulations made in terms of the Medical Schemes Act, 131 of 1998

3. This algorithm may not necessarily always be clinically appropriate for the treatment of children. If this is the case, alternative paediatric clinical management is included within this benefit if it is supported by evidence-based medicine, taking into account considerations of cost-effectiveness and affordability.