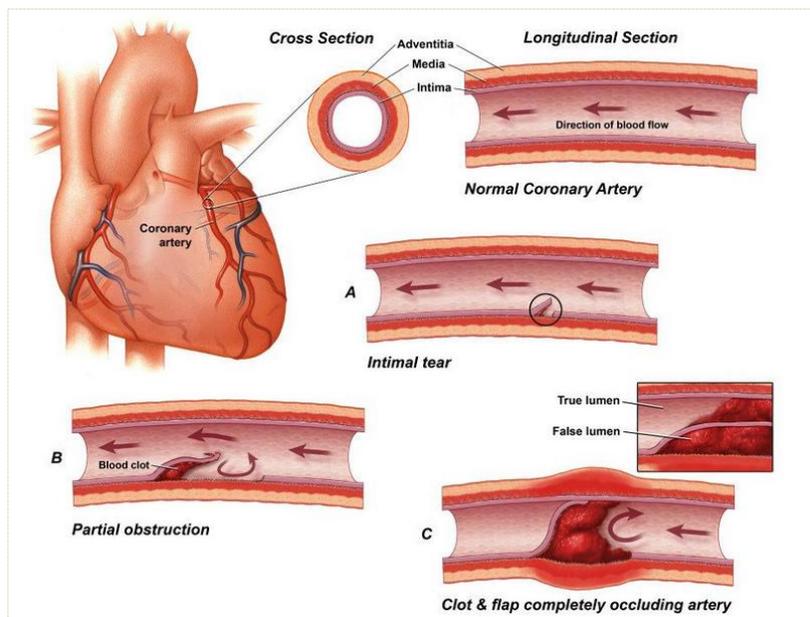




Factfile: FOR SCAD PATIENTS

SCAD is a relatively rare and poorly understood acute coronary event which typically affects a younger, otherwise healthy population.

SCAD occurs when a split or separation suddenly develops between the layers of the wall of one of the blood vessels (artery) that provides blood flow to the heart. The space between the layers of the artery wall may fill with blood which may reduce or block blood flow through the artery, or a flap of loose tissue may create a blockage:



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<http://www.facebook.com/SCADM MayoClinic>. © Mayo Foundation for Medical Education and Research. All rights reserved.

How rare is SCAD?

The prevalence of SCAD is unknown, however, the population incidence calculated in a recent Mayo Clinic study of 87 SCAD patients translates to approximately 800 new cases of SCAD in the US per year. While there are limitations in generalizing epidemiologic findings from a single population, the true incidence may be underestimated.

The research being conducted by Mayo Clinic will be the largest case series of **global** SCAD patients to date and aims to provide further insight.

What we know so far...

- SCAD causes heart attacks and can result in life threatening arrhythmias and sudden cardiac arrest / sudden death.
- SCAD requires urgent treatment.
- SCAD is more than twice as common in women as in men.
- 70% of SCAD cases occur in people under age 50 years.
- The average age of a SCAD patient is 42 years, but it can occur in people as young as their early 20's.
- Several associated factors and conditions have been identified, but the vast majority of SCADs occur in people with no known risk factors or underlying condition.
- Pregnancy is an associated condition; 30% of SCAD cases in women occur near the time of delivery of a baby.
- Extreme physical activity is the main precipitant in men.
- Genetic mutations can increase the risk of dissections of arteries in other parts of the bodies.
- SCAD can recur; up to 17% of patients experience two or more events.

Tips for coping with your SCAD diagnosis

Breathe. You are not alone. A common saying of heart disease patients is finding their “new normal” which means you have to re-learn what is now normal for your body to feel. Many SCAD patients describe feeling frightened by every sensation, questioning whether another SCAD is about to happen... a loss of confidence in their body, which takes time to return. Some of the medications, and combinations of medications that SCAD patients are prescribed can have side effects, and it may be hard to know whether a symptom is caused by medications, the original dissection, the resulting cardiac event, or from the treatments of stents or surgery. Not all medications are right for every patient, and you may have to work with your doctor to get the right combination and dosages that work best for you.

The following methods may help you to find and adjust to your “new normal”:

- **Find a doctor you like.** You may not find a local doctor with experience of caring for SCAD patients but it is important to find a doctor who will do more than tell you how “rare” or “unique” you are!
- **Participate in research.** The Mayo Clinic studies are open to patients globally. Take a look at the Clinical Trials section on the website to the right ().
- **Exercise.** Talk to your doctor and cardiac rehabilitation nurses about an appropriate exercise plan.
- **Engage in enjoyable activities.** Life doesn’t have to stop after a SCAD event but the adjustments vary from person to person. Listen to your body.
- **Reduce stress.** Stress is not a direct risk factor for cardiovascular disease but it may contribute to your risk level. Many SCAD patients describe experiencing extreme stress prior to their SCAD events.
- **Connect with others.** Don’t let yourself become isolated; pick up the phone, send an email, write a letter, join a group! Above all, don’t wait for family and friends to call first.
- **Seek counseling** to supplement medical treatment. The emotional toll of a heart attack can be so severe that an estimated 1 in 8 patients who survive the experience develop post-traumatic stress disorder (PTSD), a condition that doubles the risk of dying of a second heart attack, according to new research.
- **Learn all you can about SCAD and the medications you take.** Knowledge is power, and continuous learning keeps you empowered, informed and in control.
- Ask your doctors any questions you may have and be your own advocate.

References:

- Tweet M.S., Hayes S.N., Pitta S.R. et al. Clinical features, management and prognosis of spontaneous coronary artery dissection, *Circulation* 2012 126 () 579-588
- Edmondson D, Richardson S, Falzon L et al. (2012) Posttraumatic Stress Disorder Prevalence and Risk of Recurrence in Acute Coronary Syndrome Patients: A Meta-analytic Review. *PLoS ONE* 7(6): e38915.doi:10.1371/journal.pone.0038915

Further information:

- Mayo Clinic

<http://www.mayoclinic.org/spontaneous-coronary-artery-dissection/>

Associated conditions:

- Fibromuscular Dysplasia (FMD)
<http://www.fmdsa.org/>
www.FMDChat.org
- Ehlers-Danlos Syndrome (EDS)
<http://www.ednf.org/>

