

SCAD research

A UK research project, led by Dr David Adlam at the Leicester Cardiovascular Biomedical Centre, is trying to find answers to what causes SCAD. This project was initiated by SCAD patients.

SCAD NHS clinics

Dr Adlam holds NHS SCAD clinics at Glenfield Hospital, Leicester (scad.lcbru.le.ac.uk/patients-and-family/nhs-referrals) and Dr Abtehale Al-Hussaini has clinics at London's Chelsea and Westminster Hospital. Both are happy for SCAD patients to be referred to them by GPs and cardiologists. For more, see beatscad.org.uk/clinic-referrals.

Beat SCAD

Beat SCAD was created by SCAD survivors who met on social media while trying to find support and information about SCAD. They helped initiate the UK research and Beat SCAD works closely with the research team.

Beat SCAD's vision is a world that understands SCAD, where those affected are quickly and accurately diagnosed and never feel alone.

Beat SCAD's mission is to:

- ❑ raise awareness of SCAD among medics, SCAD patients, their family and friends
- ❑ provide support for SCAD patients, family and friends
- ❑ raise funds for research into SCAD



Awareness | Support | Research

Further information

Beat SCAD

beatscad.org.uk
contactus@beatscad.org.uk

Research & SCAD management

UK SCAD research project at the Leicester Biomedical Research Centre
scad.lcbru.le.ac.uk

Physical activity & exercise considerations for SCAD and FMD patients (European Heart Journal) tinyurl.com/58ubwvu4

PCR-EAPCI Textbook Percutaneous Interventional Cardiovascular Medicine (chapter on SCAD) tinyurl.com/2kxw2w8p

Facebook groups

SCAD – UK & Ireland Survivors
For SCAD patients bit.ly/1Mizg9a

SCAD Family and Friends Support Group
bit.ly/1TMQDwc

BHF tinyurl.com/mtwdyd3c

Fibromuscular Dysplasia Society of America

Information about FMD fmdsa.org



beatscaduk



@beatscaduk



bit.ly/1TXhiLV



beatscad

Other leaflets in this series:

- ❑ What is SCAD?
- ❑ SCAD for health professionals
- ❑ Aftercare for SCAD patients
- ❑ Pregnancy-related SCAD case studies

Download pdfs from beatscad.org.uk/downloads or request printed leaflets from our shop (beatscad.org.uk/shop).

Diagnosed with SCAD?

Spontaneous Coronary Artery Dissection

If you have been diagnosed with SCAD, this leaflet will help answer many of your questions about treatment, medication, support and more.

YOU ARE NOT ALONE!



beat SCAD

Spontaneous Coronary Artery Dissection

Why me?

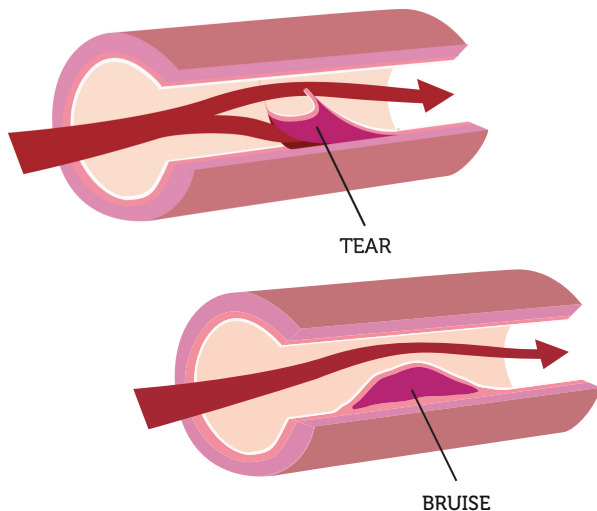
If you've been diagnosed with SCAD you may feel isolated, scared and confused. You are likely to have many questions about SCAD, starting with 'why has this happened to me?' Other questions will include treatments, medication, exercise, cardiac rehab, psychological issues and more.

Beat SCAD is here to help! Some questions cannot be answered yet, which is why the research is so important, but Beat SCAD aims to provide you with the current information and essential support.

What causes SCAD?

Spontaneous Coronary Artery Dissection (SCAD) is an uncommon heart condition that cannot be predicted or prevented – yet.

A tear or a bruise develops in a coronary artery resulting in a blockage that prevents normal blood



flow and can cause heart attack, heart failure or cardiac arrest.

SCAD affects fit, healthy people, approximately 90% women, 10% men with few or none of the normal cardiac risk factors.

You can find information about SCAD on the Beat SCAD and Leicester Cardiovascular Biomedical Research Centre's websites (see further information). Also on the Beat SCAD website are links to videos from our events, where researchers from the UK research project provide some insights into SCAD.

We currently don't know what causes SCAD, although a few theories are emerging – see our summary of the European Society of Cardiology SCAD Position Paper (beatscad.org.uk/downloads).

Treatment for SCAD

Depending on the severity of the SCAD event and heart damage, treatments and medication can vary but may include:

- ❑ Conservative management is preferred where possible with medication such as aspirin, blood pressure pills, beta blockers, statins.
- ❑ Surgical intervention, such as inserting stents, or coronary artery bypass surgery.

There is a lack of evidence about how appropriate medication prescribed for atherosclerotic heart attacks is for SCAD patients. Patients are all different and medications need to be tailored.

Cardiac rehab & exercise

Returning to normal physical activities is an important part of your recovery. Cardiac

rehabilitation, as part of a programme appropriately adapted to the age and fitness of SCAD survivors, is highly recommended.

A paper published in the European Heart Journal, recommends moderate aerobic exercise, interval training, resistance training using lower resistance and higher repetitions. Patients are advised to be cautious when doing high-endurance aerobic training, muscle-building exercises or Yoga poses that involve extreme head and neck positions. Patients should avoid abrupt high-intensity exercise, contact sports, extreme head positions. Muscle toning weights work is reasonable. Any weight lifting should be done within a normal regular breathing pattern avoiding the Valsalva manoeuvre (holding your breath and straining during lifting of heavy weights).

Getting support

As a patient with an uncommon condition, you may find you know more about it than the medical professionals treating you, so it's important to find the best support.

Peer support

Talking to other SCAD patients can help reduce the feelings of isolation, provide support with practical matters as well as suggestions for how to deal with your feelings and emotions. Beat SCAD's events also provide opportunities to meet other patients.

Professional support

SCAD patients can suffer from Post-Traumatic Stress Disorder, depression or other mental health issues. It's important to seek professional help early from your GP or cardiologist.