beatSCAD

Spontaneous Coronary Artery Dissection

Spontaneous Coronary Artery Dissection is the most common form of heart attack in pregnancy*

Lucy's story

Lucy was fit, 31, and healthy when she had a SCAD. She had another one following the birth of her second child.

Lucy has had two SCAD heart attacks. The first was in 2011, when she was 31 and her daughter was two. The other when her second child, a son, was nine weeks old.

The first heart attack was described by medics as 'freakish bad luck' – the term SCAD was never mentioned. She was put on various heart medicines.

A few years later, aged 34, Lucy and her husband wanted to try for another baby. GP, cardiologist and obstetrician all told her that while another pregnancy was 'a risk' there was no evidence to suggest she'd have another heart attack. Lucy was prescribed pregnancy-friendly drugs and after several early miscarriages she fell pregnant.

During the pregnancy a close eye was kept on Lucy, with lots of growth scans and midwife appointments. The pregnancy went fine and she had her son on 6 October 2014.

Severe jaw ache

While she was pregnant she had an appointment with the dentist who told her she needed a filling but to come back once she'd had the baby as it wasn't urgent. She had terrible jaw ache during pregnancy and thought it was to do with her teeth. Looking back, Lucy now thinks it could have been a symptom of SCAD, but she never mentioned it to anyone. Other than this, she had no other cardiac symptoms.

Six weeks after the birth, she went back on her former heart medicines but waited for her first period before re-starting the Cerrelle oral contraceptive.

On the day she re-started Cerrelle, she started to feel unwell after walking her daughter to school.

Lucy explains: "I walked my daughter to school – we were rushing a bit but the walk is less than 10 minutes and flat. I was slightly out of breath. I made my way home and two

Lucy with her daughter in May 2011 before her first SCAD

minutes from home I had an indigestion-type feeling in my chest/throat. I made it home and told my husband I wasn't feeling too well, went upstairs and took GTN spray but it didn't help. I told my husband to phone for an ambulance as the pain was getting worse."

Normal ECG

Paramedics took an ECG, which showed nothing remarkable. Lucy and her husband wanted to be taken to the local heart hospital, but the paramedics didn't think this would be necessary, as based on the ECG, the hospital would not have accepted her. However, once the paramedics understood her history, they changed their minds. She went straight to the Cath Lab where SCAD was confirmed – this was the first time she had heard the acronym SCAD.

"I spent 10 days in hospital without my baby," says Lucy. "I had more intense pain while I was in hospital and some terrible headaches/migraines. I was discharged just before Christmas. Recovery was slow but steady."

We asked Lucy what she would like midwives and other medical professionals to know about SCAD. "Please be aware of SCAD and all the possible signs of SCAD, however minor they might be," she said.

What is SCAD?

Spontaneous Coronary Artery Dissection (SCAD) is a rare heart condition that cannot be predicted or prevented – yet.
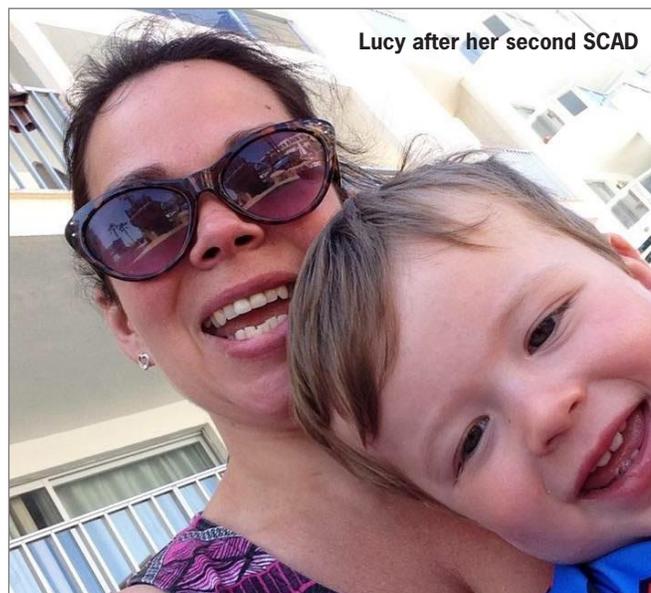
It affects people with few or none of the normal risk factors for heart disease. A tear or a bruise develops in a coronary artery resulting in a blockage that prevents normal blood flow.

SCAD affects young, fit people, mainly women, with no cardiac risk factors. SCAD can happen during or soon after pregnancy.

ECGs may look normal in SCAD patients, so troponin tests should be done to confirm a cardiac event.

Symptoms of SCAD

- ❏ central chest pain
- ❏ arm pain or numbness
- ❏ pain in the jaw, back or shoulders
- ❏ nausea
- ❏ sweating/clamminess
- ❏ breathing difficulties
- ❏ ECG can look normal

Lucy after her second SCAD

"Please be aware of SCAD and all the possible signs of SCAD, however minor they might be."

UK SCAD research & clinics

SCAD symptoms can be similar to 'normal' heart attacks, but because the patients are often young, fit and healthy, many have experienced misdiagnosis or delays in diagnosis. Troponin tests should be carried out to confirm a cardiac event.

Dr David Adlam is leading the UK SCAD research project* at the Leicester Biomedical Research Centre. Dr Abi Al-Hussaini has worked closely with Dr Adlam during the first three years of the research project.

Contact the research team: SCAD@uhl-tr.nhs.uk

For more information about SCAD and the research project, see **scad.lcbru.le.ac.uk**
Information for doctors: **scad.lcbru.le.ac.uk/node/10**
A leaflet for clinicians can be downloaded here: **bit.ly/1ZgPtOh**

Dr Adlam holds NHS SCAD clinics at Glenfield Hospital. Contact julie-anne.moth@uhl-tr.nhs.uk

Dr Abi Al-Hussaini holds specialist clinics at the Chelsea & Westminster Hospital. Contact roel.caneja@chelwest.nhs.uk

Both are happy for SCAD patients to be referred to them.

*The SCAD research project received initial funding from a BHF grant. Since the grant ended, the project is being funded by the Leicester NIHR BRC and Beat SCAD.

Further information

Beat SCAD
beatscad.org.uk
facebook.com/beatscaduk
contactus@beatscad.org.uk
Youtube: bit.ly/1TXhiLV

SCAD research
mayocl.in/21BZrta (Mayo Clinic)
scad.ubc.ca/canadian-scad-study (Canada)
cle.clinic/2zfHxFL (Cleveland)
bit.ly/1SlXMzD (Massachusetts)
bit.ly/2zvmmAr (Australia)
bit.ly/2gom7m3 (European Study Group)

British Heart Foundation
bit.ly/1LaOgys & bit.ly/1T345Aj

Articles and papers about pregnancy-related SCAD
mayocl.in/2xL4Upm
bit.ly/2vogVRZ
bit.ly/2tLgNd4
bit.ly/2ua43kw
bit.ly/2tupjlg
bit.ly/2tKPqQg
bit.ly/2tjzkh8
bit.ly/2vFWvCY
bit.ly/2uDkKFc
bit.ly/2vGk2UC
bit.ly/2voc2YW
scadalliance.org/publications

Support

It's important for SCAD patients, family and friends to have support from other patients. Support is available from Beat SCAD and the closed Facebook groups listed below.

SCAD – UK & Ireland Survivors
(Facebook group for SCAD patients)
bit.ly/1Mizg9a

SCAD Family and Friends Support Group
(Facebook group)
bit.ly/1TMQDwc

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