

# Aftercare for SCAD patients

## Spontaneous Coronary Artery Dissection

“Patients may need GP support as they recover from the physical trauma of SCAD and often find they need support for their mental well-being too.”

Dr David Adlam, interventional cardiologist & lead SCAD researcher

After a SCAD (Spontaneous Coronary Artery Dissection) patients can feel overwhelmed about what has happened and may have to deal with both physical and emotional challenges. GPs can help patients navigate these challenges and this leaflet provides SCAD-specific information which we hope will help.

### Post-SCAD chest pain

Recurrent chest pain is very common after SCAD. Hospital readmission for chest pain after SCAD is also very common. The cause of these symptoms is not fully understood. It may relate to a period of coronary vascular hyper-reactivity or arise from the healing and remodelling processes which follow SCAD.

It is important that SCAD patients understand that most recurrent chest pains do not seem to be a high-risk sign and that in most patients these symptoms will improve over time, although this may take 18 months to two years after the index event. However sometimes admission is necessary for a more detailed assessment.

Determining how to react to an episode of chest pain post-SCAD can be challenging. Given the risk of recurrence (current figures suggest 10% in the first three years), it is recommended that ECG and troponin tests should always be considered. However, chest pains are often very different from the index presentation, are self-limiting and ‘atypical’ in that there is no clear provocation with, for example, exercise.

Over time patients and their clinicians can often ‘learn’ which pains can be managed conservatively and which require further assessment or admission.

In some patients the pain is cyclical, usually pre-menstrual. Anecdotally, cyclical symptoms may respond to low-dose progesterone-based contraception (eg progesterone hormonal coil). For those who get non-cyclical spasm-like pain, vasodilator (antianginal) treatments may improve symptoms in some patients.

### Referral to a specialist

Beat SCAD has found patients benefit from referral to a SCAD specialist and strongly encourage GPs to refer patients to one of the **NHS Clinics** held by Dr David Adlam at Glenfield Hospital or Dr Abtehale Al-Hussaini at the Chelsea and Westminster.

For more see [beatscad.org.uk/scad-nhs-clinic-referrals](https://beatscad.org.uk/scad-nhs-clinic-referrals). If referral is not possible, SCAD specialists are happy to be contacted by GPs to discuss care of a SCAD patient.

### Medication reviews

Many SCAD patients don't have high blood pressure or cholesterol issues, but may still be prescribed medication

suited to atherosclerotic heart disease. A medication review with a SCAD specialist or cardiologist is recommended.

### Associated conditions

Many SCAD patients are also diagnosed with extra-coronary abnormalities including Fibromuscular Dysplasia (FMD). The recommendation is that SCAD patients are scanned from head to hip to investigate if they have other abnormal arteries which may require further follow-up. Other rarely associated conditions include connective tissue disorders such as Ehlers-Danlos Syndrome or Marfan Syndrome, so further testing may be required. See [beatscad.org.uk/associated-conditions](https://beatscad.org.uk/associated-conditions).

### Cardiac rehab

All SCAD patients should be referred to, and encouraged to participate in, a cardiac rehabilitation programme to aid their recovery. Some SCAD patients may feel out of place at cardiac rehab as they are likely to be much younger and fitter than most of the group, however many aspects of the sessions are invaluable, such as monitored exercise, which helps them regain confidence in their bodies.

### Mental health

The psychological impact of SCAD can be huge and patients may experience anxiety, depression or PTSD. As mental well-being is linked with physical recovery, taking a holistic approach can be invaluable.

Having quick and easy access to counselling and other support to manage stress, grief and other emotional issues, is vital. Patients can also be encouraged to explore concepts like mindfulness, healing through breathing and journal-keeping.

### Peer support

Peer support aids recovery. Others with the same diagnosis can help with understanding the condition and give hope for the future. We encourage healthcare professionals to direct patients to Beat SCAD for support.

### SCAD research

Dr David Adlam is leading the UK SCAD research project at the Leicester Cardiovascular Biomedical Research Centre. For more information: [scad.lcbru.le.ac.uk](https://scad.lcbru.le.ac.uk).

All recommendations are from the **European Society of Cardiology SCAD Position Paper** ([bit.ly/2FkRKmJ](https://bit.ly/2FkRKmJ)).

A summary can be read in Openheart (<https://bit.ly/2zd1500>)

## What is SCAD?

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

A false lumen develops in a coronary artery which extends, compressing the true lumen, resulting in a blockage or narrowing that prevents normal blood flow. This can cause heart attack, heart failure or cardiac arrest and can be fatal.

The cause of false lumen formation is unclear but there are currently two theories for the mechanism:

- ❑ 'Inside-out': a tear develops in the artery wall forming a dissection flap that interferes with blood supply.
- ❑ 'Outside-in': micro-vessels within the artery wall haemorrhage, creating an intramural haematoma, which causes vessel narrowing and sometimes ruptures to form a dissection flap.

We don't yet know what causes SCAD. Some associations have been described with: Female sex, Fibromuscular Dysplasia (FMD), Connective tissue disorders, Pregnancy and post-partum, Extreme emotional stress and Extreme exercise.

## Symptoms of SCAD

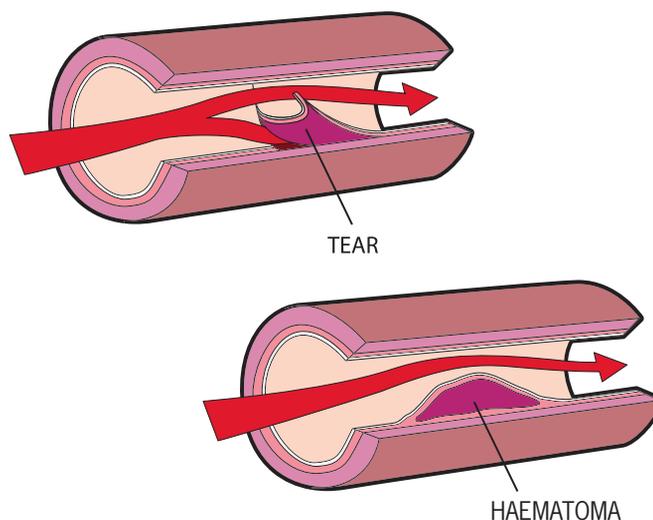
SCAD usually presents as Acute Coronary Syndrome (ACS), with 'the usual' symptoms, ie some or all of: central chest pain or discomfort, arm pain or numbness, pain in the jaw, back or shoulders, nausea and vomiting, diaphoresis (excessive sweating), dyspnoea.

As these symptoms may be seen in a patient deemed 'low-risk' for ACS, caution is required. ECGs may look normal, so troponin tests should be carried out to confirm diagnosis.

## Who gets SCAD?

SCAD has been reported across a wide age range (18-84 years) but the majority of cases are in young- to middle-aged women. Current data indicates:

- ❑ 90% women/10% men
- ❑ Mostly aged between 44-53 years
- ❑ Have similar cardiovascular risk profile to the general population
- ❑ 10% during or soon after pregnancy (P-SCAD) BUT 50% of all post-partum coronary events due to SCAD
- ❑ Exercise trigger more common in men



## 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.

## Further information

### Beat SCAD

beatscad.org.uk (contactus@beatscad.org.uk)  
facebook.com/beatscaduk, Youtube: bit.ly/1TXhiLV

### SCAD NHS clinics

beatscad.org.uk/scad-nhs-clinic-referrals

### SCAD research

Leicester Biomedical Research Centre [scad.lcbru.le.ac.uk](http://scad.lcbru.le.ac.uk)  
European Society of Cardiology SCAD Position Paper  
[bit.ly/2FkRKmJ](http://bit.ly/2FkRKmJ) A summary can be read in Openheart  
<https://bit.ly/2zd1500>

### Facebook groups

SCAD – UK & Ireland Survivors [bit.ly/1Mizg9a](http://bit.ly/1Mizg9a)  
SCAD Family and Friends [bit.ly/1TMQDwc](http://bit.ly/1TMQDwc)

**British Heart Foundation** [bit.ly/1LaOgys](http://bit.ly/1LaOgys)

## Other leaflets in this series:

- ❑ What is SCAD?
- ❑ Diagnosed with SCAD?
- ❑ SCAD for healthcare professionals

- ❑ Pregnancy-related SCAD case studies
- ❑ Helping children understand SCAD

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or email [contactus@beatscad.org.uk](mailto:contactus@beatscad.org.uk) for printed leaflets.