

Why me?

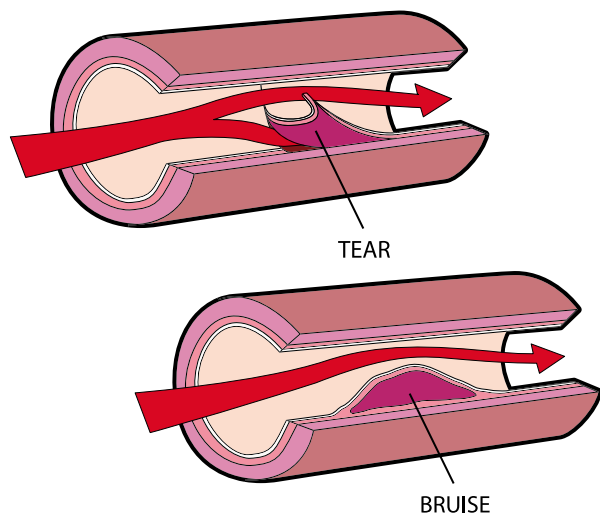
If you've been diagnosed with SCAD you may feel isolated, scared and confused. You are likely to have many questions about SCAD, starting with 'why has this happened to me?' Other questions will include treatments, medication, exercise, cardiac rehab, psychological issues and more.

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 (tinyurl.com/9mpdm99x).

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.