

P-385 - BROKEN HEART SYNDROME: A CASE REPORT AND REVIEW

J.P.Bogantes, A.Hernandez

Department of Psychiatric Medicine, Brody School of Medicine at East Carolina University, Greenville, NC, USA

Introduction: Broken heart syndrome (BHS) is a stress-induced cardiomyopathy. Individuals usually present with a clinical picture that mimics myocardial infarction. In many of these cases the precipitating factor is emotional distress. Commonly consult/liaison psychiatrists are involved in their management.

Objectives: To examine the current evidence that links BHS with psychiatric disorders.

Aims: To familiarize psychiatrists with BHS.

Methods: Literature review and case description of a patient with BHS.

Results/case: Ms C a 31 year old female previously healthy was admitted with severe left ventricular dysfunction. Psychiatry was consulted since overdose was suspected as the day of her admission was also the 11th anniversary of her brother's death and she had a prior history of depression. After careful evaluation her suicide risk was considered low and psychiatric hospitalization was not pursued. Two weeks later her angiography showed resolution of cardiac dysfunction, no coronary artery disease was identified. A diagnosis of BHS was given.

Discussion: Ms C had minimal cardiovascular risk factors but significant psychosocial stressors and premorbid psychiatric disorders. Articles linking psychiatric disorders with BHS, include 2 retrospective studies and 10 case reports. A history of anxiety and depressive disorders are prevalent among BHS patients, particularly for postmenopausal females.

Conclusion: Psychiatrists should have a high suspicion for diagnosing anxiety and depressive disorders in patients with left wall myopathy. Aggressive treatment of psychiatric conditions is warranted to prevent recurrence. Particular attention should be paid to elderly females undergoing electroconvulsive therapy that develop acute coronary syndrome.