THE PREVALENCE AND PRESENTATION OF METHAMPHETAMINE ASSOCIATED CARDIOMYOPATHY: A SINGLE CENTER EXPERIENCE

Poster Contributions
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Background: Methamphetamine use is commonly accepted as an etiology of cardiomyopathy but there is very little data to characterize its presentation.

Hypothesis: Methamphetamine associated cardiomyopathy has a distinct presentation when compared to other etiologies of cardiomyopathy in California’s San Joaquin Valley.

Methods: We identified 1163 patients who had an echo performed between 9/2011 and 3/2013 with a LVEF < 50%. A review was conducted via EMR. Using diagnostic codes, etiologies by admission H&P, cardiology notes, or angiography patients were grouped by etiology into methamphetamine associated, ischemic or non drug associated cardiomyopathy. Demographic, lab, echo, and ECG data was obtained and analyzed.

Results: Of the 1120 subjects identified during the study, 121 (19%) had a history of methamphetamine use. Meth users were more like to be younger, male, white, and have a LVEF < 30% then subjects without a history of use. Meth users were also less likely to have CAD, a finding likely driven by a younger average age of methamphetamine users and the large proportion of subjects with ischemic cardiomyopathy. Multivariate analysis showed LVEF < 30% (OR 4.26 95% CI 2.31-7.84, P = <0.002), Caucasian race (OR 2.03 95% CI 1.2-3.43, P = 0.008) and lack of CAD (OR 0.35 95% CI 0.19-0.62, P = <0.002) were independent predictors of meth use in patients with cardiomyopathy.

Conclusion: Methamphetamine use is commonly associated with etiology of cardiomyopathy in the San Joaquin Valley and has a unique presentation.