ATTR-CM Is an Underdiagnosed Cause of Heart Failure, Particularly Heart Failure With Preserved Ejection Fraction (HFpEF) in Older Adults

Consider the following clinical clues, especially in combination, to raise suspicion of ATTR-CM and the need for further testing:

**HFpEF**
- Heart failure with preserved ejection fraction in patients typically over 60

**INTOLERANCE**
- To standard HF therapies, i.e., ACEi/ARBs, and beta blockers

**DISCORDANCE**
- Between QRS voltage and left ventricular (LV) wall thickness

**DIAGNOSIS**
- Of carpal tunnel syndrome or lumbar spinal stenosis

**ECHO**
- Showing increased LV wall thickness

**NERVOUS SYSTEM**
- Autonomic nervous system dysfunction, including gastrointestinal complaints or unexplained weight loss

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ACEi = angiotensin-converting enzyme inhibitors.
ARBs = angiotensin II receptor blockers.
A potential pathway to diagnosis

**Suspected With ATTR-CM**

**Presence of monoclonal protein by free light chain assay and serum/urine immunofixation?**
- Yes
- No

**Congo Red Positive**
- Tissue Typing Immunohistochemistry & Mass Spectrometry (AL vs TTR vs Other)
- Congo Red Negative

**Unlikely AL Cardiac Amyloidosis**
- Presence of a monotypical protein
- Unlikely ATTR Cardiac Amyloidosis
- TTR Genotyping

**ATTR Cardiac Amyloidosis TTR Genotyping**
- hATTR
- wATTR

**A Diagnostic Algorithm for Patients Suspected With ATTR-CM**


8Both planar and single-photon emission computed tomography (SPECT) imaging should be reviewed and interpreted using visual and quantitative approaches.

9Diagnostic algorithm devised by Brunjes DL, et al.6

Diagnostic Counseling Patient-centered counseling on diagnostic process

Testing for AL Cardiac Amyloidosis

- Blood
- Bone
- Overlying uptake

- Unlikely ATTR Cardiac Amyloidosis
- Positive

- Congo Red

- Negative

- H
c

- w

- AL

- Unlikely ATTR Cardiac Amyloidosis

- Tissue Typing Immunohistochemistry & Mass Spectrometry (AL vs TTR vs Other)

**References:**