

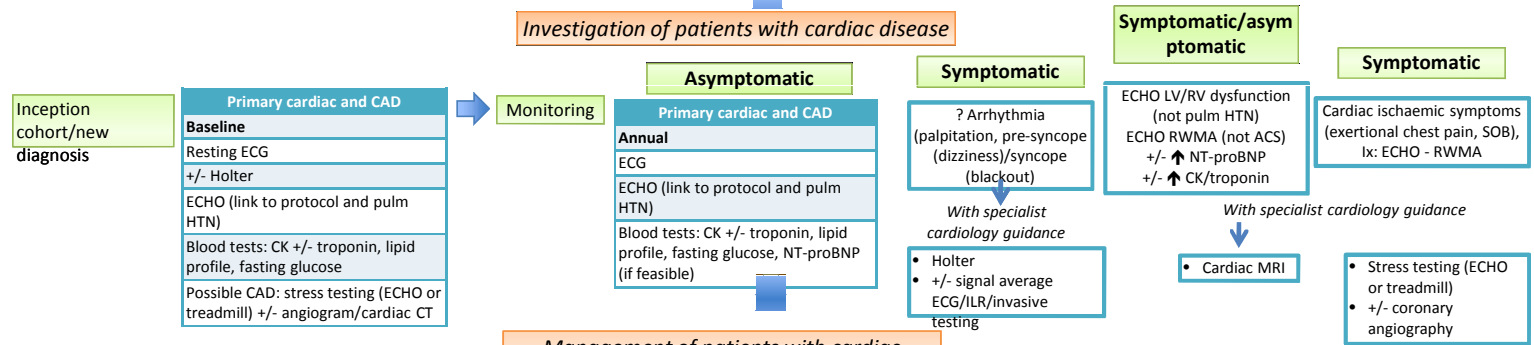
Management of cardiac involvement in patients with systemic sclerosis (SSc): Investigation, monitoring and treatment

Identification of patients with cardiac

Usually present to rheumatologist; may present to respiratory physician (ILD/PAH first diagnoses excluded with common symptom of breathlessness); rarely, cardiologist (usually on referral):
 Red flag symptoms: breathlessness, palpitations, dizziness, pre-syncope episodes; chest pain
Specifically assess/look for:
History Raynaud's, skin thickening, digital ulcers, oesophageal reflux, joint pain and/or weakness
Examination telangiectasia, Raynaud's, calcinosis, skin thickening/puffy fingers, nail fold changes, myopathy and/or arthropathy

Primary cardiac	History	Examination findings	Macrovascular (CAD)	History	Examination findings
	Shortness of breath on exertion (exclude ILD, Pulm HTN, PE)	Pulse abnormalities		Cardiac ischaemic symptoms (angina, SOBOE)	Peripheral pulses
	Palpitation	Murmur(s)		History of diabetes, peripheral or cerebro-vascular disease, high cholesterol, family history, smoking	Xanthelasma Bruits Murmur (MR, heart failure)
	Dizziness/Blackout (pre-syncope/syncope)				
	Muscle weakness				

Investigation of patients with cardiac disease



Management of patients with cardiac disease

Primary Cardiac		Macrovascular/CAD	
Arrhythmia	Pharmacotherapy	Pharmacotherapy	<i>Prognostic</i>
	Pacemaker/device		Aspirin (caution with PPI)
	Ablation therapy		Statin (caution myositis)
Fibrosis	Consider immunosuppression		ACEI
Myocarditis (+/- part of wider myositis)	Oral/iv steroid (caution risk of renal crisis) +/- Immunosuppression		Beta-blocker: selective
	Immunosuppression: MTX, MMF, pulse cyclophosphamide		[Anti-anginal (symptom control)]
			Treat traditional risk factors effectively (BP, diabetes, smoking cessation)
		Intervention	If indicated as per usual practice