

Sidebar A - Anti-Anginal Therapy

Goals of Therapy:

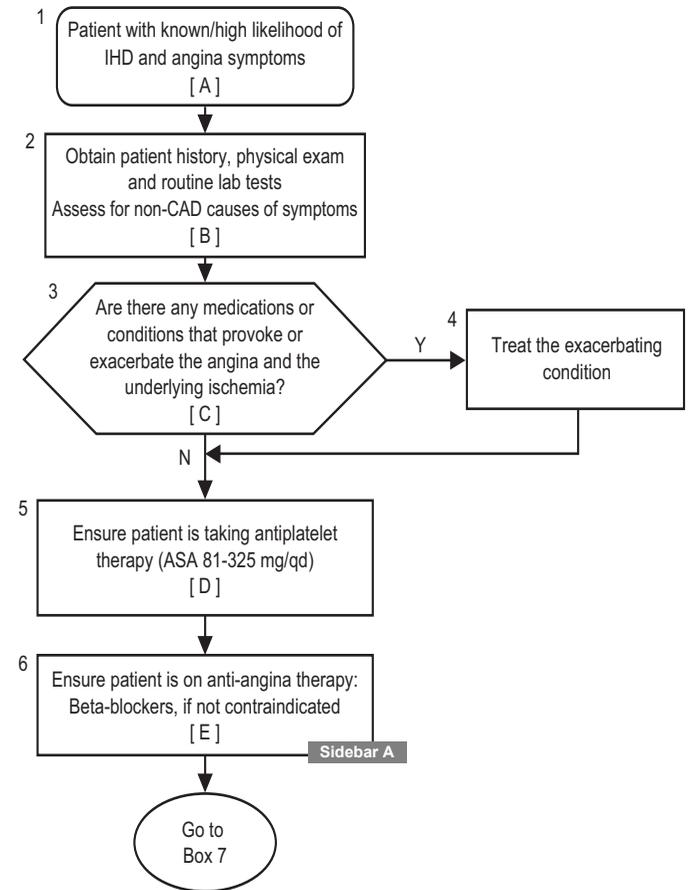
- Perform normal activity
- Maintain symptom level at CCS Class I
- Avoid adverse effects
- Maintain blood pressure at <130/85 & pulse <70

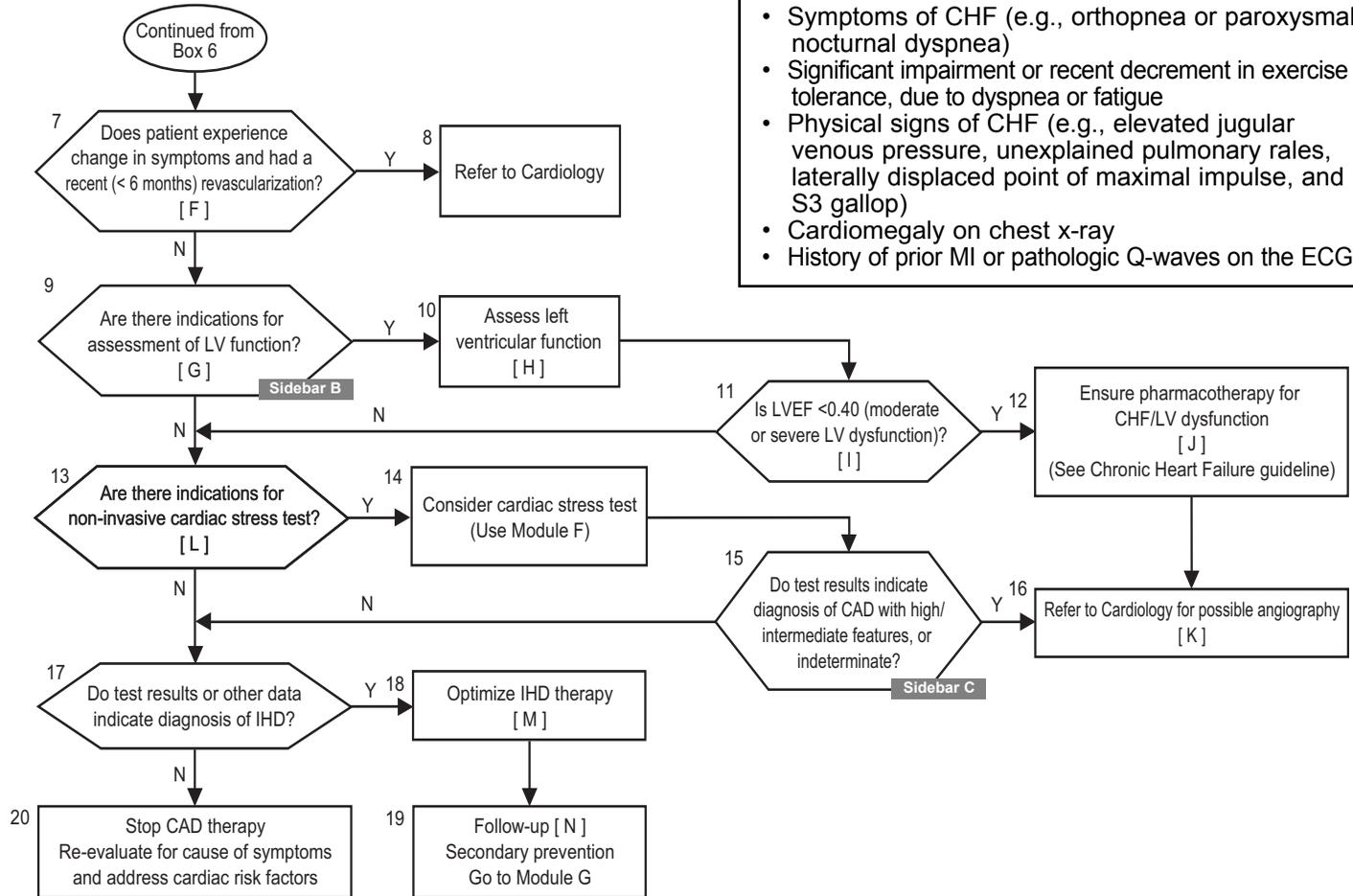
Recommended Medications for Patients with IHD

Aspirin (or clopidogrel) reduces cardiovascular (CV) events in patients with acute MI, previous MI, and unstable angina
Aspirin reduces risk of MI in patients with chronic stable angina
Beta-blockers improve symptoms in patients with IHD
Beta blockers improve CV outcomes in patients with IHD, previous MI and ischemic LV dysfunction
Beta-blockers reduce CV events in patients with silent ischemia
Nitroglycerin (prn)
ACE inhibitors improve CV outcomes in patients with IHD, and are especially recommended in patients with diabetes or low LV ejection fraction
Lipid-lowering therapy improves CV outcomes in patients with IHD and elevated lipids
Lipid-lowering therapy improves CV outcomes in patients with IHD and average cholesterol
Gemfibrozil improves outcomes in patients with IHD and low high-density lipoproteins – cholesterol (HDL-C)

FOR
 ADDITIONAL MEDICATION
 RECOMMENDATIONS
 SEE
*Pharmacotherapy for
 Cardiovascular
 Disease
 in Primary Care*

VA/DoD Clinical Practice Guideline Management of Ischemic Heart Disease (IHD) Module C Pocket Guide - Stable Angina





Sidebar B - Indication for Assessment of LVF

- Symptoms of CHF (e.g., orthopnea or paroxysmal nocturnal dyspnea)
- Significant impairment or recent decrement in exercise tolerance, due to dyspnea or fatigue
- Physical signs of CHF (e.g., elevated jugular venous pressure, unexplained pulmonary rales, laterally displaced point of maximal impulse, and S3 gallop)
- Cardiomegaly on chest x-ray
- History of prior MI or pathologic Q-waves on the ECG

Sidebar C - Cardiac Stress Test

High-Risk Findings

- Duke treadmill score less than or equal to -11 (estimated annual mortality >3%)
- Large stress-induced perfusion defect
- Stress-induced, multiple perfusion defects of moderate size
- Large fixed perfusion defect with LV dilation or increased lung uptake (thallium-201)
- Stress-induced, moderate perfusion defect with LV dilation or increased lung uptake (thallium-201)
- Echocardiographic wall motion abnormality involving >2 segments at ≤10 mg/kg/min dobutamine or HR <120/min

Intermediate-Risk Findings

- Duke treadmill score (greater than -11 and less than 5) (estimated annual mortality 1-3%)
- Moderate stress induced perfusion defect without LV dilation or increased lung uptake
- Limited stress echocardiographic ischemia with wall motion abnormality involving ≤2 segments at higher doses of dobutamine (>10 mg/kg/min dobutamine)