Stable angina guidelines

林昌琦
振興復健醫學中心 心臟內科

The scope and magnitude of problem has been gracefully ignored in the era of intervention. There are 1100000 MIs annually in the US with over 16500000 angina patients seeking medical assistance which signifies a huge population entity in Cardiology. With more or less functional limitations due to angina symptoms posted tremendous socioeconomic burden to modern day survival. Meticulous amplification of management strategies is definitely necessary.

ACC/AHA made up guidelines for chronic stable angina in 2002 with updates in 2003 which stressed the importance of management strategies in a number of emerging categories such as metabolic syndrome etc..

The mortality is related to disease severity, LV functional status, exercise capacity, nature of symptoms and ECG findings has been well documented. Tailored management including risk factor stratification is crucial following successful identification of patient's profiles. Initial treatments should include: 1. aspirin and antianginals 2. beta-blockers/BP 3. cholesterol & cigarettes 4. diet & DM 5. education & exercise as ABCDE. ACEI promotion for patients with DM and/or LV dysfunction.

Invasive testing may be needed for patients with young onset, uncertain diagnosis after noninvasive tests, occupational hazards, disabled, suspected coronary spasm, LM/3VD entities.

Revascularization for I: LM disease (CABG), 3VD with LV dysfunction (CABG), , 1-2 VD with SCD (CABG), high risk s/p interventions with recurrent angina (either), LAD with normal LV function (either), poor responder to medical treatments (either); IIa: multiple SVG stenosis (CABG), 1-2 VD without proximal LAD (either), 1VD with proximal LAD lesions (either); IIb: 2-3 VD with significant proximal LAD, DM or LV dysfunction (PCI), LM void of CABG (PCI), 1-2VD without LAD s/p SCD/VT; III no LAD without medical treatment, 50-60% without ischemia on testing, <50% lesions, LM indicated for CABG (PCI).

Alternative treatment such as TMR, SCS, EECP modalities are emerging but still need further support from large scale surveys.

Adequate medical treatment and nonpharmacological modalities should be magnified and practiced more meticulously and aggressively though has been overlooked in current trend of interventional era. We should look back on classical thinking in this huge population and complicated nature of patients in our daily practice.