DEFINITION: Coronary heart disease (CHD) is a major cause of death and disability in developed countries. Although CHD mortality rates worldwide have declined over the past four decades, CHD remains responsible for about one-third or more of all deaths in individuals over age 35 [1-3]. It has been estimated that nearly one-half of all middle-aged men and one-third of middle-aged women in the United States will develop some manifestation of CHD [4].

Population-based epidemiologic data, such as that from the Framingham Heart Study [5] provide the best assessment of the risk factors that contribute to the development of coronary heart disease (CHD) and to the way it evolves, progresses, and terminates because these data are less encumbered by the unavoidable selection bias of clinical trials data. In addition, epidemiologic data provide critical information regarding targets for the primary and secondary prevention of CHD.

POPULATION: The guideline addresses adults with stable coronary artery disease presenting with:

- Previously diagnosed coronary artery disease without angina, or symptom complex that has remained stable for at least 60 days;
- No change in frequency, duration, precipitating causes or ease of relief of angina for at least 60 days; and
- No evidence of recent myocardial damage.

CLINICAL MANAGEMENT:

- Aspirin in patients with stable coronary artery disease unless medically contraindicated.
- Evaluate and treat the modifiable risk factors, which include smoking, sedentary activity level, depression, hyperlipidemia, obesity, hypertension and diabetes.
- Statin therapy regardless of lipid levels unless contraindicated.
- Cardiovascular specialist consultation when clinical assessment indicates the patient is at high risk for adverse events, the non-invasive imaging study or electrocardiography indicates the patient is at high risk for an adverse event, or medical treatment is ineffective.
- For relief of angina, prescribe beta-blockers as first-line medication. If beta-blockers are contraindicated, nitrates are the preferred alternative. Calcium channel blockers if the patient is unable to take beta-blockers or nitrates.

References:

References (cont’d):


5. Framinghamheartstudy.org

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