



SUSPECTED ANGINA

Baseline electrocardiogram and exercise tolerance test

Myocardial perfusion scintigraphy for patients with pre-existing ECG abnormalities or those unable to undergo exercise testing

TREATMENT

- A** Beta blockers should be used as first line therapy for the relief of symptoms of stable angina.
- A** Patients who are intolerant of beta blockers should be treated with either rate limiting calcium channel blockers, long-acting nitrates or nicorandil.
- A** Sublingual glyceryl trinitrate tablets or spray should be used for the immediate relief of angina and before performing activities that are known to bring on angina.

Control of symptoms inadequate one drug

- A** When adequate control of anginal symptoms is not achieved with beta-blockade a calcium channel blocker should be added.
- Rate-limiting calcium channel blockers should be used with caution when combined with beta blockers.

Control of symptoms inadequate in two days

- Patients whose symptoms are not controlled on maximum therapeutic doses of two drugs should be considered for referral to a cardiologist.

PREVENTION OF NEW EVENTS

- A** All patients with stable angina due to atherosclerotic disease should receive long term standard aspirin and statin therapy.
- A** All patients with stable angina should be considered for treatment with angiotensin-converting enzyme inhibitors.

REVASCULARISATION

All patients

- Coronary artery bypass grafting and percutaneous coronary interventions are both appropriate options for the alleviation of anginal symptoms.

Patients with left main stem disease

- A** Patients with significant left main stem disease should undergo coronary artery bypass grafting.

Patients with triple vessel disease

- A** Patients with triple vessel disease should be considered for coronary artery bypass grafting to improve prognosis, but where unsuitable be offered percutaneous coronary intervention.

Patients with single/double vessel disease

- A** Patients with single or double vessel disease, where optimal medical therapy fails to control angina symptoms, should be offered percutaneous coronary intervention or where unsuitable, considered for coronary artery bypass grafting.