



**PROPOSED REVIEW OF SIGN GUIDELINE
CONSULTATION SUMMARY**

Title of guideline	SIGN 96; Management of stable angina	
Date of publication	February 2007	
SIGN summary of the scoping search	<p>Guidelines</p> <p>Clinical Knowledge Summaries (CKS). Angina – stable – management. 2010 http://www.cks.nhs.uk/angina</p> <p>Finnish Medical Society Duodecim. Coronary heart disease (CHD): symptoms, diagnosis and treatment. In: EBM Guidelines. Evidence-Based Medicine [Internet]. Helsinki, Finland: Wiley Interscience. John Wiley & Sons; 2008 Mar 20 [Various]. [18 references]</p> <p>Finnish Medical Society Duodecim. Diagnostic coronary angiography. In: EBM Guidelines. Evidence-Based Medicine [Internet]. Helsinki, Finland: Wiley Interscience. John Wiley & Sons; 2008 Apr 30 [Various].</p> <p>Finnish Medical Society Duodecim. Differential diagnosis of chest pain. In: EBM Guidelines. Evidence-Based Medicine [Internet]. Helsinki, Finland: Wiley Interscience. John Wiley & Sons; 2008 May 16 [Various].</p> <p>Guidelines on the management of stable angina pectoris. European Society of Cardiology; 2006. 63 p. [683 references] http://www.escardio.org/guidelines-surveys/esc-guidelines/GuidelinesDocuments/guidelines-angina-FT.pdf</p> <p>Institute for Clinical Systems Improvement (ICSI). Stable coronary artery disease. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2009 Apr. 41 p. [77 references] http://www.icsi.org/coronary_artery_disease/coronary_artery_disease_stable.html</p> <p>2007 focused update of the ACC/AHA/SCAI 2005 guideline update for percutaneous coronary intervention: a report of the American College of Cardiology/American Heart Association Task Force on Practice guidelines. J Am Coll Cardiol 2008 Jan 15;51(2):172-209. [161 references] http://content.onlinejacc.org/cgi/reprint/51/2/172.pdf</p> <p>National Institute for Clinical Excellence. Chest pain of recent onset: assessment and diagnosis of recent onset chest pain or discomfort of suspected cardiac origin. NICE CG95 March 2010 http://guidance.nice.org.uk/CG95/NICEGuidance/pdf/English</p> <p>NICE guideline on management of stable angina. In progress. Due for publication in July 2011</p> <p>Systematic reviews & HTAs</p> <p>Pharmacological management</p> <p>Canadian Agency for Drugs and Technologies in Health. Ranolazine (Ranexa</p>	

(TM) for chronic stable angina. Ottawa: Canadian Agency for Drugs and Technologies in Health (CADTH) 2007
http://www.cadth.ca/media/pdf/E0022_Ranolazine_Chronic_Angina_cetap_e.pdf
 Ciapponi Agustín, Pizarro Rudolf, Harrison Jeff. **Trimetazidine for stable angina.** Cochrane Database of Systematic Reviews: Reviews 2005 Issue 4

Duan Xin, Zhou Likun, Wu Taixiang, Liu Guan J, Qiao Jieqi, Wei Jiafu, Ni Juan, Zheng Jie, Chen Xiao Y, Wang Qin. **Chinese herbal medicine suxiao jiuxin wan for angina pectoris.** Cochrane Database of Systematic Reviews: Reviews 2008 Issue 1
 Zhuo Qi, Yuan Zhengyong, Chen Hengxi, Wu Taixiang. **Traditional Chinese herbal products for stable angina.** Cochrane Database of Systematic Reviews: Reviews 2010 Issue 5

Junhua Z, Hongcai S, Xiumei G, Boli Z, Yaozu X, Hongbo C, Ming R, Hui W. **Compound Salvia droplet pill, a traditional Chinese medicine, for the treatment of unstable angina pectoris: a systematic review.** Medical Science Monitor 2008; 14(1): RA1-RA7

Interventional cardiology and cardiac surgery

Amin Fawzi, Al Hajeri Amani, Civelek Birol, Fedorowicz Zbys, Manzer Bruce M. **Enhanced external counterpulsation for chronic angina pectoris.** Cochrane Database of Systematic Reviews: Reviews 2010 Issue 2

Bakhai Ameet, Hill Ruaraidh A, Dundar Yenel, Dickson Rumona C, Walley Tom. **Percutaneous transluminal coronary angioplasty with stents versus coronary artery bypass grafting for people with stable angina or acute coronary syndromes.** Cochrane Database of Systematic Reviews: Reviews 2005 Issue 1

Blue Cross Blue Shield Association. External counterpulsation for treatment of chronic stable angina pectoris and chronic heart failure. Chicago IL: Blue Cross Blue Shield Association (BCBS) 2006: 30
http://www.bcbs.com/betterknowledge/tec/vols/20/20_12.html

Briones Eduardo, Lacalle Juan Ramon, Marin Ignacio. **Transmyocardial laser revascularization versus medical therapy for refractory angina.** Cochrane Database of Systematic Reviews: Reviews 2009 Issue 1

Greenhalgh Janette, Hockenhull Juliet, Rao Naveen, Dundar Yenel, Dickson Rumona C, Bagust Adrian. **Drug-eluting stents versus bare metal stents for angina or acute coronary syndromes.** Cochrane Database of Systematic Reviews: Reviews 2010 Issue 5

McKenna C, McDaid C, Suekarran S, Hawkins N, Claxton K, Light K, et al. **Enhanced external counterpulsation for stable angina or heart failure: a systematic review and economic evaluation.** Health Technology Assessment 2009; 13(24): 1-112
<http://www.hta.ac.uk/1715>

Medical Advisory Secretariat, Ontario Ministry of Health and Long-Term Care (MAS). **Enhanced external counterpulsation (ECCP): an evidence-based analysis.** Toronto: Medical Advisory Secretariat, Ontario Ministry of Health and Long-Term Care (MAS) 2006; Volume 6, Number 5: 66
http://www.health.gov.on.ca/english/providers/program/mas/tech/reviews/pdf/ev_eecp_030106.pdf

Wijeyesundera HC, Nallamothu BK, Krumholz HM, Tu JV, Ko DT. **Meta-analysis: effects of percutaneous coronary intervention versus medical therapy on angina relief.** Annals of Internal Medicine 2010; 152(6): 370-379 .
<http://www.ncbi.nlm.nih.gov/pubmed/20231568>

Main conclusions from new evidence	<p>Pharmacological management</p> <ul style="list-style-type: none"> Ranolazine, in combination with standard antianginal medications, led to modest but statistically significant improvements in exercise duration, and reductions in the frequency of angina episodes and nitroglycerin consumption, when compared to standard antianginal medications only (nb not recommended by SMC) Trimetazidine is effective in the treatment of stable angina compared with placebo, alone or combined with conventional anti-anginal agents Suxiao jiuixin wan appears to be effective in the treatment of angina pectoris and no serious side effects were identified <i>Salvia</i> droplet pill has a significant effect on improving angina symptoms, electrocardiography and level of blood lipids in patients with unstable angina pectoris, with few side-effects <p>Interventional cardiology and cardiac surgery</p> <ul style="list-style-type: none"> Percutaneous coronary intervention provided greater freedom from angina than did drug therapy for patients with stable coronary artery disease CABG is associated with reduced rates of major adverse cardiac events, mostly driven by reduced repeat revascularisation. Drug-eluting stents releasing sirolimus, paclitaxel, dexamethasone and zotarolimus reduce composite cardiac events. However, this reduction is due largely to reductions in repeat revascularisation rates as there is no evidence of a significant effect on rates of death, MI or thrombosis and there is a lack of evidence of their cost effectiveness There is insufficient evidence to support the effectiveness and safety of EECF treatment for patients with refractory stable CCS III-IV angina or HF. There is insufficient evidence to conclude that the clinical benefits of TMLR outweigh the potential risks. The procedure is associated with a significant early mortality. 	
New areas that could be added to the guideline	Role of Trimetazidine Role of Chinese medicines	
Summary of the recommendations that could be updated	None identified	Section:

Please answer the following questions as fully as possible:

Name, designation, organisation:	Cardiology (2)	
1(a) Is there still a requirement for an evidence-based guideline on this topic?		
Yes		
1(b) If no, should the guideline be withdrawn?		

2(a)	Based on the information given above, and your own clinical judgement, does the guideline require revision in the light of new evidence? <i>Please give details.</i>				
	Section 3: Pharmacological management. Inclusion of ranolazine is appropriate although currently not approved by SMC. Inclusion of Trimetazidine is inappropriate since it is currently not licensed for use in the UK. This also applies to Chinese/traditional/herbal remedies.				
2(b)	If no, is there a need to scope for new evidence on a yearly basis?				
2(c)	Do you agree with the assessment of the impact of the new evidence and its likely effect on recommendations?				
	Minimal new evidence that will significantly change practice.				
2(d)	If yes, please suggest clinical questions that could be addressed in the revision?				
3(a)	Please list any additions to the remit of the guideline that you think would be beneficial				
3(b)	Please list any sections of the guideline that are no longer required				
4	Please tick your preferred option for reviewing this guideline				
	<table border="1"> <tr> <td>a. there is no new evidence that will affect existing recommendations and the guideline should not be reviewed at this time</td> <td></td> </tr> <tr> <td>b. some recommendations will change in the light of the new evidence and elements of the guideline should be reviewed</td> <td>✓</td> </tr> </table>	a. there is no new evidence that will affect existing recommendations and the guideline should not be reviewed at this time		b. some recommendations will change in the light of the new evidence and elements of the guideline should be reviewed	✓
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b. some recommendations will change in the light of the new evidence and elements of the guideline should be reviewed	✓				

5	SIGN COUNCIL	Date: 11/11/2011
Revalidate	Refresh	Revise
✓		
		Remove