

<b>CARDIAC ASSESSMENT</b> immediately following MI	<b>B</b> Exercise tolerance test
	<i>If positive, consider coronary angiography (See SIGN guideline on coronary revascularisation)</i>
	<b>B</b> Echocardiography
	<i>(See SIGN guideline on heart failure due to LVSD)</i>
<b>DRUG THERAPY</b>	<b>A</b> Aspirin
	<b>A</b> $\beta$ -blocker
	<b>A</b> ACE-inhibitor
	<b>A</b> Pravastatin and simvastatin are drugs of choice for lipid lowering in patients following MI
	<b>C</b> Drug choice should be made on the balance of trial evidence, safety and cost-effectiveness considerations
<b>LIFESTYLE MODIFICATION</b>	<b>B</b> Stop smoking
	<b>A</b> Increase fruit and vegetables
	<b>B</b> Restrict alcohol $\leq 3$ units/day (men) or $\leq 2$ units/day (women)
	<b>B</b> Regular exercise
<b>RISK FACTOR MANAGEMENT</b>	<b>B</b> Measure serum cholesterol within 24 hours of acute MI Repeat (ideally fasting) after 6-12 weeks
total cholesterol < 5.0 mmol/l	<b>C</b> Reinforce dietary advice
5.0-6.0 mmol/l	<b>C</b> Lifestyle measures and reassess in 6-12 weeks: consider lipid lowering drug therapy if cholesterol remains > 5.0 mmol/l
$\geq 6.0$ mmol/l	<b>A</b> Consider lipid lowering drug therapy Titrate as necessary to reduce total cholesterol to < 5.0 mmol/l
	<b>C</b> Treat hypertension
	<b>B</b> Encourage obese patients to lose weight
<b>CARDIAC REHABILITATION</b>	<i>(SIGN guideline in development)</i>
	<b>A</b> <b>B</b> <b>C</b> indicates grade of recommendation