



CORONARY ARTERY DISEASE CLINICAL PRACTICE GUIDELINES

The following guideline is applicable to patients age 18 and older who have a diagnosis of Coronary Artery Disease (CAD). This guideline seeks to reflect current evidence based recommendations and treatment trends.

For CAD patients, their medical record will contain documentation of the following:

I. Diagnosis:

Evidence of Coronary Artery Disease is diagnosed after an ischemic cardiac event, stress testing that elicits cardiac chest pain, or determined to have a coronary lesion(s) through examination and testing. Testing may include, but is not limited to EKG, Stress Testing, Echocardiography, Chest X Ray, Coronary Angiography/ Cardiac Catheterization, blood tests .

II. Classification: Criteria of stable CAD or stable ischemic heart disease (SIHD):

- A. Previously diagnosed CAD without angina, or symptom complex that has remained stable for at least 60 days
- B. No change in frequency, duration, precipitating causes or ease of relief of angina for at least 60 days
- C. No evidence of recent myocardial damage

III. Assessment:

- A. Electrocardiogram initially and with worsening of symptoms
- B. Blood pressure. Consider systolic target of less than 120 mm HG in those at high risk for cardiovascular events, but without diabetes.
- C. Fasting lipid profile including total cholesterol, LDL, HDL, and triglycerides in past 12 -15 months (goal is annually)
- D. Depression screening
- E. Echocardiogram if there are signs and symptoms of new or worsening congestive heart failure
- F. Environmental assessment for primary or secondary smoke exposure

IV. Treatment:

- A. Review global cardiovascular risk using ASCVD (Atherosclerotic Cardiovascular Disease) Heart Risk Calculator (reliable for patients age 20-79) and consider treatment with lipid lowering medication and lifestyle modification counseling
- B. Goal of HbA1C < 7% for all diabetic patients
- C. Medication list, including:
 - 1. Aspirin or other antiplatelet drug if aspirin is contraindicated



2. ACE Inhibitors for patients who also have hypertension, diabetes, left ventricular ejection fraction < 40% or chronic kidney disease unless contraindicated. Angiotensin II receptor blockers may be used if intolerant to ACE Inhibitors.

3. Beta blockers for patients post myocardial infarction, acute coronary syndrome, blood pressure control, or left ventricular ejection fraction < 40%. For LV systolic dysfunction, only carvedilol, metoprolol succinate, or bisoprolol should be used because they have shown to reduce the risk of death.

4. Thiazide diuretics or calcium channel blockers if needed to achieve blood pressure goal

5. Sublingual nitroglycerin on an as needed basis for anginal symptoms

E. Influenza vaccine administered on an annual basis

F. Pneumococcal vaccine:

1. Administered PPSV23 to

- a. All patients age 19-64 with a history of heart disease with unknown or unknown history of prior receipt of the PPSV23
- b. All adults 65 years or older

2. Adults who are 65 years or older and who have not previously received PCV13, should also receive a dose of PCV13 first, followed 6 to 12 months later by a dose of PPSV23. If patient has already received one or more doses of PPSV23, the dose of PCV13 should be given at least 1 year after most recent dose of PPSV23.

G. Weight Management, including:

1. Maintenance of a healthy Body Mass Index (BMI)

- Age 18-64 target ≥ 18.5 and < 25
- Age 65 years and older target ≥ 23 and < 30

2. Waist circumference goal for men less than 40 inches, women less than 35 inches

3. Instructions to follow a heart healthy diet

4. Referral to a dietician or nutritionist, as needed

V. Preventive Measures: Patient Education including information and instruction about:

A. Recognition of signs and symptoms of worsening cardiovascular status and early activation of emergency services.

1. Symptoms may include:

- a. Chest pain/ discomfort
- b. Arm, back, neck or jaw pain
- c. Shortness of breath

- d. Sweating
- e. Nausea
- 2. Atypical symptoms of cardiac ischemia in women. The symptoms may include:
 - a. Uncomfortable pressure, squeezing, fullness or pain in the center of your chest. It lasts more than a few minutes, or goes away and comes back
 - b. Pain or discomfort in one or both arms, the back, neck, jaw or stomach
 - c. Shortness of breath with or without chest discomfort
 - d. Other signs such as breaking out in a cold sweat, nausea or lightheadedness
 - e. As with men, women's most common heart attack symptom is chest pain or discomfort. But women are somewhat more likely than men to experience some of the other common symptoms, particularly shortness of breath, nausea/vomiting and back or jaw pain.
- B. Self-management strategies to minimize angina and stress
- C. Lifestyle modification to reduce risk factors including: weight control; increased physical activity; alcohol moderation; sodium reduction; and emphasis on increased consumption of fresh fruits, vegetables, and low-fat dairy products
- D. Smoking cessation counseling as appropriate
- E. Regular exercise (at least 30-60 minutes of moderate intensity aerobic activity, at least 5 days per week)
- F. Carrying up-to-date medication list
- G. Rationale for prescribed medications and instruction on proper usage

Notes

ASCVD Heart Risk Calculator: <http://www.cvriskcalculator.com/>



Reference

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