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Heartmed Cardiology Services

Newsletter August 2024: Chronic Coronary Disease

Heartmed Newsletter is designed for General Practitioners. This issue contains new and/or lesser known facts re Chronic Coronary Disease

- Prevalence of Stable Angina increases with age. Prevalence in men and women 45 to 64 years old is 4 to 7% and 5 to 7%, respectively. In men and women 65 to 84 years old, prevalence is 14 to 15% and 10 to 12%, respectively
- Prevalence of silent Ischaemia in asymptomatic population is 1-40 %
- Screening for Chronic Coronary Disease may be considered in selected high risk patients with diabetes such as patients with peripheral arterial disease or proteinuria or who plan to start an exercise program
- All patients with stable angina should undergo stress testing soon after the diagnosis in part to identify those individuals who are likely to benefit from revascularization.
- Echocardiogram is indicated in all patients with chronic coronary disease especially
    - Prior myocardial infarction (e.g. on history or presence of Q waves)
    - Heart failure (if left-ventricular systolic dysfunction is detected on echocardiogram, revascularisation is indicated for any obstructive stenoses)
    - Heart murmur
    - Complex ventricular arrhythmias. These may be a marker of obstructive coronary disease and/or left ventricle systolic dysfunction and
- Revascularisation is indicated for
    - Patients with specific high-risk anatomy for whom revascularization has a proven survival benefit
    - Patients with activity-limiting symptoms despite maximum medical therapy.
    - Active patients who want revascularization for improved quality of life compared with medical therapy, such as those who are not tolerating medical therapy or want to increase their activity level
- Colchicine 500 mcg daily reduces acute myocardial infarction
- Rivaroxaban 2.5 mg BD reduces acute myocardial infarction. The Rivaroxaban is given in conjunction with aspirin 100 mg daily
- Sodium-glucose cotransporter 2 inhibitors reduce cardiovascular outcomes in patients with heart failure with reduced ejection fraction, heart failure with preserved ejection fraction (with or without diabetes mellitus), and type 2 diabetes mellitus and existing cardiovascular disease.
- Glucagon-like peptide 1 receptor agonists reduce cardiovascular endpoints in individuals with obesity, both with and without type 2 diabetes mellitus
- All patients with Chronic Coronary Disease should receive an annual influenza vaccine and vaccinations against pneumococcal disease and coronavirus disease, unless contraindicated. See Australian Immunisation Handbook
- There is no role for routine periodic stress testing If there is no change in symptoms.
- There is no indication for stress testing for the first 5 years post CABG or for 2 years post stent
- Stress testing is indicated if there is a major change in symptoms status during follow-up.

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