

### Sidebar A: SIGNS AND SYMPTOMS OF CORONARY ARTERY DISEASE (CAD)

- Prior myocardial infarction (MI) and/or pathologic Q-waves on the resting electrocardiogram (ECG)
- Typical stable angina in males age >50 or females age >60
- Cardiac stress test showing evidence of myocardial ischemia
- Left ventricular (LV) segmental wall motion abnormality by angiography or cardiac ultrasound
- Silent ischemia, defined as reversible ST-segment depression by ambulatory ECG monitoring
- Significant obstructive CAD by angiography
- Prior coronary revascularization (percutaneous coronary intervention or coronary artery bypass graft surgery)

### Sidebar E: Recommended Medications for Patients with IHD

- Aspirin (or clopidogrel) reduces cardiovascular (CV) events in patients with acute MI, previous MI, and unstable angina
- Aspirin reduces risk of MI in patients with chronic stable angina
- Beta-blockers improve symptoms in patients with IHD
- Beta blockers improve CV outcomes in patients with IHD, previous MI and ischemic LV dysfunction
- Beta-blockers reduce CV events in patients with silent ischemia
- Nitroglycerin (prn)
- ACE inhibitors improve CV outcomes in patients with IHD, and are especially recommended in patients with diabetes or low LV ejection fraction
- Lipid-lowering therapy improves CV outcomes in patients with IHD and elevated lipids
- Lipid-lowering therapy improves CV outcomes in patients with IHD and average cholesterol
- Gemfibrozil improves outcomes in patients with IHD and low high-density lipoproteins – cholesterol (HDL-C)

### Follow-Up and Prevention:

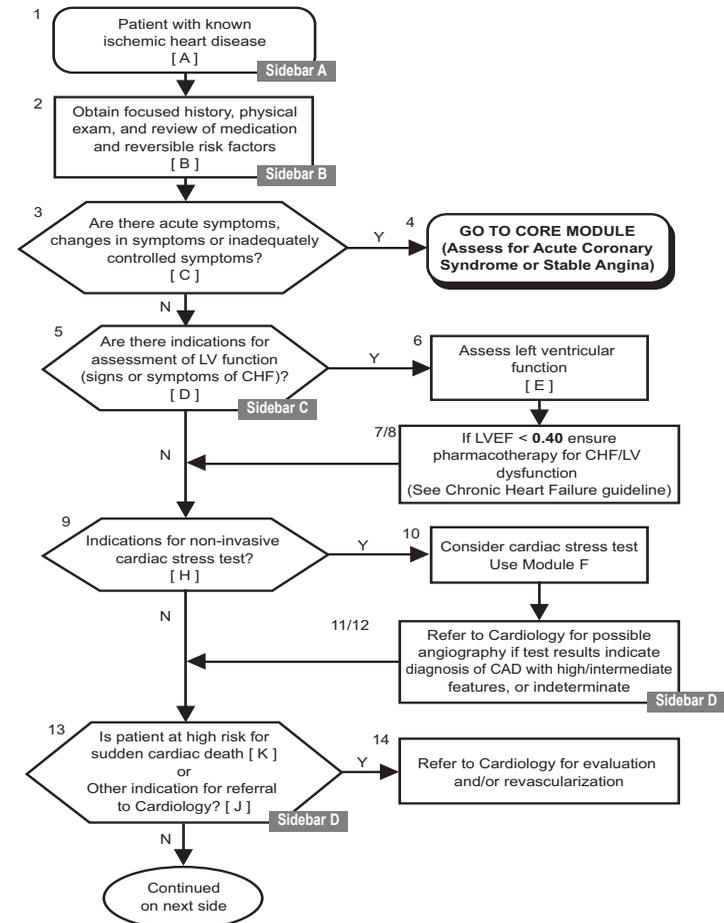
- A = Aspirin and Anti-anginal therapy
- B = Beta-blocker and Blood pressure
- C = Cigarette smoking and Cholesterol
- D = Diet and Diabetes
- E = Education and Exercise

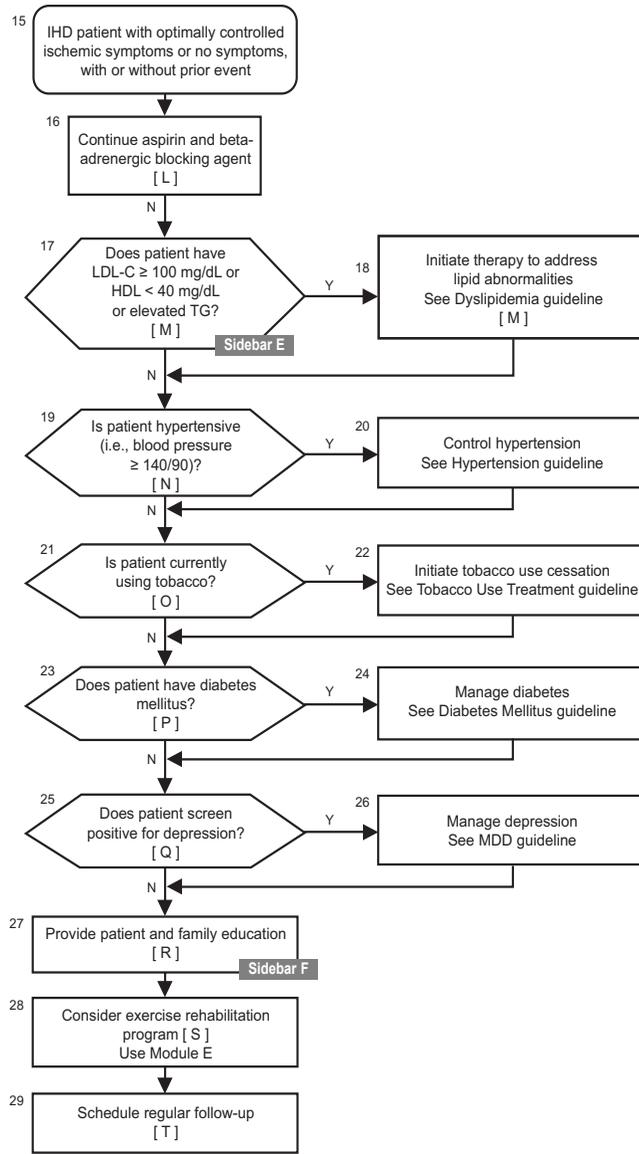
### Sidebar F: Patient Education

- Assess the patient's baseline understanding
- Elicit the patient's desire for information
- Use epidemiologic and clinical evidence
- Use ancillary personnel and professional patient educators when appropriate
- Develop a plan with the patient on what to do when symptoms occur
- Involve family members in educational efforts
- Remind, repeat and reinforce

## FOR FURTHER MEDICATION INFORMATION SEE DOCUMENT, PHARMACOTHERAPY FOR CARDIOVASCULAR DISEASES IN PRIMARY CARE POCKET GUIDE

## VA/DoD Clinical Practice Guideline Management of Ischemic Heart Disease (IHD) Module G Pocket Guide Follow-Up & Secondary Prevention





**Sidebar B: Symptom Assessment**

**Symptoms that May Represent Ischemia or MI**

- Chest pain, discomfort, pressure, tightness, or heaviness (defined as at least a one-class increase Canadian Cardiovascular Society classification)
- Radiating pain to the neck, jaw, arms, shoulders, or upper back
- Unexplained or persistent shortness of breath
- Unexplained epigastric pain
- Unexplained indigestion, nausea, or vomiting
- Unexplained diaphoresis
- Unexplained weakness, dizziness, or loss of consciousness

**Symptom Characteristics that Suggest Noncardiac Pain\***

- Pleuritic pain (i.e., sharp or knife-like pain brought on by respiratory movements or cough)
- Primary or sole location of discomfort in the middle or lower abdominal regions
- Pain that may be localized at the tip of one finger, particularly over costochondral junctions or the LV apex
- Pain reproduced with movement or palpation of the chest wall or arms
- Constant pain that lasts for many hours
- Very brief episodes of pain that last a few seconds or less
- Pain that radiates into the lower extremities

\* Does not exclude the diagnosis of CAD

**Sidebar C: Indications for Assessment of Left Ventricular Function**

Symptoms of Congestive Heart Failure (CHF) (e.g., orthopnea or paroxysmal nocturnal dyspnea)
Significant impairments or recent decrement in exercise tolerance, due to dyspnea or fatigue
Physical signs of CHF (e.g., elevated jugular venous pressure, unexplained pulmonary rales, laterally displaced point of maximal impulse, and S3 gallop)
Cardiomegaly on chest x-ray
Prior MI

**Sidebar D: Referral to Cardiology**

Class 3-4 symptoms of ischemia or heart failure on medical therapy
Recurrent symptoms following recent (<6 mo) revascularization
High-risk findings on noninvasive testing
Noninvasive test results that are inadequate for management
Increased risk for sudden cardiac death <ul style="list-style-type: none"> <li>• History of sudden cardiac death</li> <li>• History of sustained monomorphic ventricular tachycardia</li> <li>• Reduced LVF (EF&lt;0.40) and nonsustained ventricular tachycardia</li> <li>• Reduced LVF (EF&lt;0.40) and syncope of undetermined etiology</li> <li>• Reduced LVF (EF &lt;0.30) and prior history of MI</li> </ul>