Stable Angina

Types of Angina

Stable: occurs ⓦ exercise & relieved ⓦ rest/meds

Why?
- Build up of plaque
- Poor supply of oxygen to heart

Unstable: occurs at rest (look at ACS)

Prinzmetals: coronary spasms at rest

Microvascular: angina due to improper BV functioning (∅ blockage)

Atypical: S/Sx include fatigue, nausea, indegestion

NYDA Classification

Class 1: asymptomatic
- ↳ perform ordinary activity

Class 2: mild Sx
- ↳ slight limitation of ordinary activity
- ↳ no Sx at rest

Class 3: moderate Sx
- ↳ no Sx at rest
- ↳ <ordinary activity results in Sx

Class 4: severe
- ↳ angina at rest

Prinzmetal Rx

↳ aka vasospasms

Treatment

CCB (DHP & non-DHP)
↓ if still Sx
Nitrates (patch, SL)

Avoid
- β-blockers
- Triptans (for migraines)
- 5-flurouracil

Stable Angina Rx

1) Acute Anti-Anginals (used to treat Sx)

Nitrates: treat & prevent attacks
- Long acting (patch or oral): during daytime hrs when active
  - ↳ need 10-12 hr nitrate free period in 24 hrs
- Short acting (tablets & spray)

β-Blockers: ↓ HR, contractility
- need to taper over 10-14 days if D/C'ing b/c risk of rebound HTN

CCB: ↓ O_2 demand, ↓ HR, contractility (DHP or non-DHP)
- felodipine ∅ approved for angina

2) Chronic: to prevent MI & death

Antithrombotic (↓ CV events)

Hx of angina only: ASA 81mg PO daily (or clopidogrel)
Angina & post PCI: DAPT × 1 yr
→ if finish 1 yr of DAPT & low bleeding risk/high ischemic can continue for up to 3 yrs

Beta Blockers
→ only ↓ mortality if post MI/HFrEF
★ If Hx MI, BB preferred on CCB

ACE-I
→ HTN, DM, EF<40% or CKD

3) Risk Factor Modifications

Statins
→ use high dose
→ want LDL to be <2 mmol

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