Top Ten Things To Know
2014 AHA/ACC Guideline for the Management of Patients with Non–ST-Elevation Acute Coronary Syndromes

1. In the United States, non–ST-elevation acute coronary syndromes (NSTE-ACS) affects >625,000 patients annually, or almost three fourths of all patients with ACS.

2. At presentation, patients with unstable angina (UA) and non–ST-elevation myocardial infarction (NSTEMI) can be difficult to distinguish.

3. The term “ischemia-guided strategy” replaces the older term, “initial conservative management,” to clarify the current approach to care.

4. Early risk stratification is stressed; risk stratification includes high, intermediate, and low risk. This early determination will direct the site of care and choice of therapeutic approach.

5. Initial medical therapy includes, among other approaches, pharmacological approaches, cholesterol management, and antiplatelet/anticoagulant therapy.

6. An algorithm accompanies a detailed discussion for management of patients with definite or likely NSTE-ACS; it includes an ischemia-guided strategy and an early invasive strategy.

7. Ongoing risk stratification is needed for NSTE-ACS patients.

8. Discharge planning and long-term planning topics include re-evaluation of the care plan, lifestyle and risk factor modifications, cardiac rehabilitation, and physical activity.

9. Patient education about managing cholesterol, blood pressure, lifestyle, and smoking received a Class I recommendation. Pain management and choices of therapy, including NSAIDS recommendations, are included.

10. More research is needed to better understand those older patients who will benefit from invasive vs. medical management, and to understand ACS in women who often don’t have abnormal angiography findings or show signs of obstructive coronary artery disease.