Top Ten Things To Know
Guideline for the Diagnosis and Management of Patients with Stable Ischemic Heart Disease

1. Stable ischemic heart disease (SIHD) affects many millions of Americans and remains a major public health problem nationally and internationally.

2. The costs of caring for patients with ischemic heart disease (IHD) are enormous, estimated at $156 billion in the United States for both direct and indirect costs in 2008.

3. The scope of this guideline document is intended to apply to adult patients with stable known or suspected ischemic heart disease (IHD), including new-onset chest pain (ie, low-risk unstable angina [UA]), or to adult patients with stable pain syndromes.

4. This guideline is divided into 4 basic sections with detailed supporting algorithms:
   - approaches to diagnosis,
   - risk assessment,
   - treatment, and
   - follow-up

5. A key premise of this guideline is that once a diagnosis of IHD is established, it is necessary in most patients to assess their risk of subsequent complications, such as acute myocardial infarction or death.

6. The first recommendation of this guideline describes the vital importance of shared decision making between the healthcare provider and the patient.

7. Common patient misperceptions are discussed to facilitate the healthcare provider in counseling patients about disease management decisions.

8. Due to the clinical reality that asymptomatic patients often present for evaluation for SIHD based on an abnormal screening test, guidance is provided for managing the asymptomatic patient with SIHD not having been diagnosed on the basis of clinical symptoms or events such as anginal symptoms or acute coronary syndrome (ACS).

9. The approach to screening and management of asymptomatic patients who are at risk for IHD but who are not known to have IHD is beyond the scope of this guideline, but it is addressed in the 2010 ACCF/AHA Guideline for Assessment of Cardiovascular Risk in Asymptomatic Adults.

10. Opportunities to improve the diagnosis and management of SIHD:
   - Potential for large registries to improve the diagnosis of IHD and to assess risk according to clinical information and results from noninvasive testing
   - Current and anticipated technical developments of CT scanners and software to improve the spatial and temporal resolution of cardiac CT images while reducing the radiation dose received from a typical examination
   - Further studies on lipid management to ascertain the optimal drug regimens for patients with SIHD

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