Top Ten Things To Know
Diagnosis and Management of Stable Ischemic Heart Disease

1. This Stable Ischemic Heart Disease (SIHD) Focused Update covers 3 topic areas:
   • Diagnosis of SIHD using coronary angiography
   • Treatment
   • Coronary Artery Disease (CAD) Revascularization

2. These SIHD guidelines include adult patients who have stable known or suspected ischemic heart disease (IHD), including those with new-onset chest pain (low-risk unstable angina) or stable pain syndromes (this group includes those patients with ‘ischemic equivalents’ such as dyspnea or arm pain with exertion).

3. Because many patients with IHD may become asymptomatic with appropriate therapy, there are follow-up sections in this guideline addressing these patients. This group includes those who have had percutaneous coronary intervention (PCI) or coronary artery bypass graft (CABG).

4. Most patients suspected of having SIHD will be appropriately diagnosed and receive risk stratification as the initial step using noninvasive stress testing. The appropriate use of coronary angiography, as well as the limitations and shortcomings, is addressed.

5. In the 2012 SIHD guidelines coronary angiography was discussed for use in risk stratification.

6. In the new Diagnosis sub-section, Invasive Testing for Diagnosis of Coronary Artery Disease in Patients with Suspected SIHD, the role of coronary angiography for the role of diagnosis is addressed.

7. Treatments discussed include
   • Additional therapy to reduce risk of mi and death: chelation therapy
   • Alternative therapies for relief of symptoms in patients with refractory angina: enhanced external counterpulsation (EECP)

8. The CAD Revascularization discussion includes a new recommendation for a Heart Team approach for patients with diabetes mellitus and complex multivessel CAD and provides an update to the recommendation for CABG over PCI to improve survival in certain patients.

9. For patients with diabetes mellitus and SIHD, guideline-directed medical therapy is noted to be the first line of therapy, with revascularization using CABG over PCI considered for those patients whose quality of life is decreased because of their symptoms.

10. It is clear that this is a rapidly advancing area of science as evidenced by this current focused update to the 2012 SIDH guidelines.

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