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CHRONIC ISCHAEMIC HEART DISEASE

Angina: contemporary diagnosis and management

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INTRODUCTION

Ischaemic heart disease (IHD) remains the leading global cause of death and lost life years in adults, notably in younger (<55 years) women.¹ Angina pectoris (derived from the Latin verb ‘angere’ to strangle) is chest discomfort of cardiac origin. It is a common clinical manifestation of IHD with an estimated prevalence of 3%–4% in UK adults. There are over 250 000 invasive coronary angiograms performed each year with over 20 000 new cases of angina. The healthcare resource utilisation is appreciable with over 110 000 inpatient episodes each year leading to substantial associated morbidity.² In 1809, Allen Burns (Lecturer in Anatomy, University of Glasgow) developed the thesis that myocardial ischaemia (supply/demand mismatch) could explain angina, this being first identified by William Heberden in 1768. Subsequent to Heberden’s report, coronary artery disease (CAD) was implicated in pathology and clinical case studies undertaken by John Munter, John Forthegill, Edward Jenner and Caleb Miller Parry.³ Typically, angina involves a relative deficiency of myocardial oxygen supply (ie, ischaemia) and typically occurs after activity or physiological stress (box 1).

Six decades have passed since the first reported invasive coronary angiogram; however, many physicians still consider detecting obstructive epicardial CAD on coronary angiography a ‘rose que non’ for the diagnosis of angina.⁴ The detection of obstructive CAD allows evidence-based medical treatment and consideration of myocardial revascularisation. However, underlying pathophysiology is more nuanced with contributions from anatomical atherosclerotic and/or functional alterations of epicardial vessels and/or microcirculation (figure 1).⁵ ESC guidelines⁶ have revised nomenclature (‘Chronic Coronary Syndromes’) in part reflecting the importance of patients with signs and symptoms of ischaemia without obstructive coronary artery disease—INOCA.^{7,8} Around half of all patients with angina undergoing elective coronary angiography have no obstructive epicardial CAD.⁹ This large, heterogeneous chronic coronary syndrome is comprised of distinct vasomotor disorders including microvascular angina (MVA) and/or vasospastic angina (VSA)—the two most common underlying disorders of coronary vascular function in the INOCA population. Crucially, we stress that there are often multiple mechanisms of myocardial ischaemia occurring in various coronary compartments via different mechanisms. These frequently coexist in combination; however, an appreciation of this fact can help stratify treatment and help us understand patients with poor treatment response (eg, angina after revascularisation).

Learning objectives

- ▶ Around one half of angina patients have no obstructive coronary disease; many of these patients have microvascular and/or vasospastic angina.
- ▶ Tests of coronary artery function empower clinicians to make a correct diagnosis (rule-in/rule-out), complementing coronary angiography.
- ▶ Physician and patient education, lifestyle, medications and revascularisation are key aspects of management.

We begin by classifying angina according to pathophysiology. We then consider the current guidelines and their strengths and limitations for assessing patients with recent onset of stable chest pain. We review non-invasive and invasive functional tests of the coronary circulation with linked management strategies. Finally, we point to future directions providing hope for improved patient outcomes and development of targeted disease-modifying therapy. The aim of this educational review is to provide a contemporary approach to diagnosis and management of angina taking into consideration epicardial coronary disease, microcirculatory dysfunction and coronary vasospasm.

CONTEMPORARY ANGINA CLASSIFICATION BY PATHOPHYSIOLOGY

The clinical history is of paramount importance to initially establish whether the nature of the presenting symptoms is consistent with angina (box 1). Indeed, recent data supports specialist physicians under-recognise angina in up to half of their patients.¹⁰ Furthermore, contemporary clinical trials of revascularisation in stable IHD including the ISCHEMIA trial highlight the importance of good clinical history and listening to our patients to determine the nature and frequency of symptoms which helps to plan management. We propose a classification of angina that aligns with underlying aetiology and related management (table 1).

Angina with obstructive coronary artery disease

2018 ESC guidelines on myocardial revascularisation define obstructive CAD as coronary stenosis with documented ischaemia, a haemodynamically relevant lesion (ie, fractional flow reserve (FFR) ≤ 0.80 or non-hyperaemic pressure ratio (NHPR) (eg, $\text{iwFR} \leq 0.89$) or $>50\%$ stenosis in a major coronary vessel (table 1). There is renewed interest in NHPRs (iwFR, resting full-cycle ratio (RFR) and diastolic pressure ratio (dPR)) as data have emerged

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Contemporary Diagnosis And Management Of Sinusitisa

Donlin M. Long



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Contemporary Diagnosis and Management of Sinusitis George A. Pankey, Charles W. Gross (M.D.), Michael G. Mendelsohn, 1997 Contemporary Diagnosis and Management of Sinusitis George A. Pankey, 2014-05-14

Contemporary Diagnosis and Management of Antimicrobial-Resistant Bacteria Gary A. Noskin, 2008 The use and overuse of antimicrobials over the past decades has led to the development of antibiotic resistant pathogens Now in its second edition this handbook features chapters dedicated to the discussion of specific pathogens including methicillin resistant Staphylococcus aureus MRSA and vancomycin resistant enterococci VRE and their clinical presentation and treatment General precautions to prevent the development of drug resistant infections are also discussed *Disorders of the Respiratory Tract* Matthew L. Mintz, 2007-11-10 A concise review of the epidemiology pathogenesis and management of common respiratory conditions seen in a primary care setting Using an illuminating case based approach Dr Mintz assesses the key clinical questions that a primary care physician would ask and applies the most up to date research and guidelines to offer the practitioner evidence based solutions The author covers the range of knowledge needed to provide excellent care for patients with respiratory disease from the basics of pulmonary function testing to understanding and caring for common respiratory illnesses including chronic obstructive pulmonary disease asthma allergic rhinitis and pneumonia For each disorder Dr Mintz explains the key points regarding the epidemiology of the disease its pathophysiology the differential diagnosis and diagnosis and its recommended treatment A special PDA version of Disorders of the Respiratory Tract Common Challenges in Primary Care is also available **Contemporary Diagnosis and Management of Bronchitis** Antonio Anzueto, 2000 Now in its 3rd edition this clear and authoritative handbook gives physicians the tools to manage bronchitis a condition that can be vexing to both patients and their physicians Each chapter is supplemented with quality artwork and tables The handbook is also available in Spanish Official Gazette of the United States Patent and Trademark Office , 1998

Contemporary Diagnosis and Management of Pituitary Adenomas , 1991 **Contemporary Diagnosis and Management of Pain** Donlin M. Long, 1997 *Contemporary Diagnosis and Management of Type 2 Diabetes* Willa A. Hsueh, Lisa Moore, Michael Bryer-Ash, 2004 *The Official Patient's Sourcebook on Sinusitis* James N. Parker, 2002 This book has been created for patients who have decided to make education and research an integral part of the treatment process Although it also gives information useful to doctors caregivers and other health professionals it tells patients where and how to look for information covering virtually all topics related to sinusitis also Acute sinusitis Chronic sinus infection Chronic sinusitis Ethmoid sinuses Frontal sinuses Maxillary sinuses from the essentials to the most advanced areas of research The title of this book includes the word official This reflects the fact that the sourcebook draws from public academic government and peer reviewed research Selected readings from various agencies are reproduced to give you some of the latest official information available to date on sinusitis Given patients increasing sophistication in using the Internet abundant references

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[Essentials of Pediatric Nursing](#) Terri Kyle, 2008 Essentials of Pediatric Nursing is intended for Pediatric Nursing courses with an integrated pediatric curriculum It provides a unique concept based approach and nursing process focus that helps students go from concept to application by building on previously mastered knowledge from other courses Organized into four logical units Kyle Essentials of Pediatric Nursing covers a broad scope of topics with an emphasis on common issues and

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Contemporary Treatment of Dentofacial Deformity William R. Proffit, Raymond P. White, David M. Sarver, 2003 This new full color reference and textbook on orthodontics and orthognathic surgery includes the latest content on surgical orthodontic techniques Presenting the most comprehensive and sophisticated information available it explores the integrated orthodontic and surgical management of patients with dentofacial deformity Includes an entire section on diagnosis and treatment planning with a strong emphasis on the diagnosis of soft tissue problems Explains methods for treating certain dentofacial deformities with distraction osteogenesis Provides current information on integrated treatment where the orthodontist the oral and maxillofacial surgeon and or the plastic surgeon work as a team to achieve the ideal result for each patient Discusses the newest computer technology for prediction imaging techniques to view the probable after results before treatment ever begins Includes up to date content on surgical complications and how to manage these problems Real life case studies visually take the reader from pre treatment to post treatment for the many techniques taught in the book Provides content on adolescent growth and its relation to orthodontic treatment maturational changes and the treatment of asymmetric facial deformities with surgery and orthodontics Includes colorful cephalometric tracings to illustrate the before and after results of surgery Pre and post surgery cephalometric radiographs show the changes to the structures of the face and jaws Full color images bring the tangible results of orthodontic and oral surgery treatment to life

Contemporary Medical-surgical Nursing Rick Daniels, Laura John Nosek, Leslie H. Nicoll, 2006-08 Contemporary is not only the first word in the title but a key descriptor in this book s approach The first new med surg book to enter the market in years Contemporary Medical Surgical Nursing is a new and exciting text that presents comprehensive nursing care of the medical surgical client as opposed to simply treating conditions and illnesses Written with a focus on acute and collaborative care this text is designed to be relevant and pragmatic in its approach by providing learner oriented logically organized information It addresses key topic areas of clinical care highlighting contemporary nursing approaches such as health care trends health costs and benefits law and ethics and cultural considerations Contemporary Medical Surgical Nursing helps bridge the gap from nursing student to professional by providing learners with the knowledge and skills that support today s nursing practice Available as one comprehensive book or in two volumes

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