

## The primary care management of stable angina - summary

### INVESTIGATIONS

#### Blood tests

- Haemoglobin
- Blood glucose
- Thyroid function
- Cholesterol - see risk modification

#### 12 lead ECG

- a normal ECG does not exclude angina

### RISK FACTOR MODIFICATION

#### Cholesterol

- all patients should have their serum cholesterol measured
- if raised, manage in line with local guidelines

#### Blood pressure

- all patients should have their blood pressure measured
- if raised, manage in line with local guidelines

#### Smoking

- all patients who smoke should be advised to stop
- stopping strategies should be tailored to individuals
- nicotine patches can be used in patients with angina
- nicotine patches can help but should not be used alone

#### Exercise

- patients should take moderate exercise within their capabilities to improve fitness and well-being

#### Weight reduction

- encourage patients to reduce their weight until their BMI is normal

### DRUG TREATMENT

Check all agents for doses, contra-indications and side effects in the British National Formulary

#### Secondary prophylaxis

- treat all patients with aspirin 75-300 mg daily

#### Symptomatic treatment

- sublingual GTN
- add a beta-blocker
- add an oral nitrate

### EXERCISE TESTING

#### Refer for an exercise test:

- all patients with clinically certain angina
- if open access service is not available then refer to a cardiologist

#### Do not refer:

- patients in whom the diagnosis is unclear
- patients who are physically incapable of performing the test for reasons other than their angina
- patients with co-morbidities that are currently more important
- patients who decline to have the test
- patients whose symptoms are uncontrolled on maximum medical treatment - they should be referred to a cardiologist for angiography

### REFERRAL TO A CARDIOLOGIST

#### Refer to a cardiologist:

- patients in whom the diagnosis is unclear
- patients with clinically certain angina for exercise testing if open access service is not available
- patients whose symptoms are uncontrolled on maximum medical therapy
- patient with a positive exercise test from open access testing

#### Do not refer:

- patients who currently have a more significant condition
- patients who decline referral

1. North of England Stable Angina Guideline Development Project. North of England evidence based guideline development project: evidence based guideline for the primary care management of stable angina. Newcastle upon Tyne: Centre for Health Services Research, 1995
2. North of England Stable Angina Guideline Development Group. North of England evidence based guidelines development project: summary version of evidence based guidelines for the primary care management of stable angina. *BMJ* 1996; **312**:827-32