

ANTI-ANGINAL THERAPEUTIC STRATEGY

CCS Angina Class	Definition: Angina with	Number of medications	Choice of Rx
I	Strenuous activity	1	ASA ¹ + NTG prn
II	Moderate activity <ul style="list-style-type: none"> • > 2 blocks or 2 flights of stairs 	2	ASA ¹ + β-blocker or Rate limiting CCB ^{2,3}
III	Mild activity <ul style="list-style-type: none"> • < 2 blocks or 2 flights of stairs 	3	ASA ¹ + β-blocker or Rate limiting CCB ^{2,3} + Long acting nitrate
IV A	Rest or minimal activity <ul style="list-style-type: none"> • Patient admitted to hospital and becomes relatively asymptomatic with aggressive medical therapy 	4	ASA ¹ + β-blocker + CCB ³ (do not combine verapamil and β-blocker) + Long acting nitrate
IV B	Rest or minimal activity. <ul style="list-style-type: none"> • Patient admitted to hospital and continues to experience angina on maximal medical therapy and cannot be safely discharged home, but does not require IV nitroglycerin. 		<ul style="list-style-type: none"> • For prolonged rest pain > 20 minutes Rx heparin LMWH > UFH Enoxaparin (Lovenox®) (ESSENCE / TIMI 11B / TIMI 11B-ESSENCE Metanalysis) • Add clopidogrel 300 mg stat 75 mg OD (CURE) where non-interventional approach is standard of care or early angiography not readily available. • For recurrent pain > 24 hours consider angiography
IV C	Rest or minimal activity. <ul style="list-style-type: none"> • Patient admitted to hospital and maximal medical therapy, including IV nitroglycerin, fails to control symptoms or there is hemodynamic instability. 		<ul style="list-style-type: none"> • With planned angiography/PCI within 24-48 hours <u>consider</u> adding glycoprotein IIb/IIIa inhibitor/re-evaluate clopidogrel • tirofiban (Aggrastat®) <ul style="list-style-type: none"> ○ TACTICS-TIMI 18 ○ PRISM-PLUS • eptifibatide (Integrilin®) -PURSUIT • With ST elevation consider for thrombolytic protocol
IV D	Cardiogenic Shock		Inotropic Agents IABP Angiography Revascularization
<p>¹Consider clopidogrel 75mg OD with recent MI, CVA, PVD in ASA intolerant or allergic patients (CAPRIE). ²Rate limiting CCB(calcium channel blocker): diltiazem or verapamil (do not combine verapamil and β-blocker) ³For patients with chronotropic incompetence use long acting DHP- CCB (amlodipine, felodipine or nifedipine)</p>			