ANTI-ANGINAL THERAPEUTIC STRATEGY

CCS ANGINA CLASS	DEFINITION: ANGINA WITH	# OF MEDICATIONS	CHOICE OF RX
I	**Strenuous activity**	1	ASA[1] + NTG prn
II	**Moderate activity** > 2 blocks or 2 flights of stairs	2	ASA[1] + ß-blocker or Rate limiting CCB[2,3]
III	**Mild activity** < 2 blocks or 2 flights of stairs	3	ASA[1] + ß-blocker or Rate limiting CCB[2,3] + Long acting nitrate
IV A	**Rest or minimal activity** Patient admitted to hospital and becomes relatively asymptomatic with aggressive medical therapy	4	ASA[1] + ß-blocker + CCB[3] (do not combine verapamil and ß-blocker) + Long acting nitrate
IV B	**Rest or minimal activity** 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.	• For prolonged rest pain > 20 minutes Rx heparin LMWH > UFH Enoxaparin (Lovenox®) (ESSENCE / TIMI 11B / TIMI 11B-ESSENCE Metanalysis) • Dual anti-platelet therapy (ACS history plus ST depression or positive biomarker) - Clopidogrel 300 mg load → 75 mg OD (CURE) - Ticagrelor 180 mg load → 90mg BID (PLATO) - Prasugrel 60 mg load → 10 mg OD (TRITON-TIMI 38) (Age < 75/BW > 60 kg) • Consider early invasive vs. early conservative strategy • With planned angiography/PCI within 24-48 hours consider adding glycoprotein IIb/IIIa inhibitor/ re-evaluate clopidogrel - tirofiban (Aggrastat®) - TACTICS-TIMI 18 - PRISM-PLUS - eptifibitide (Integrilin®) – PURSUIT • With ST elevation consider CODE STEMI or (thrombolysis where immediate PCI unavailable)
IV C	**Rest or minimal activity** Patient admitted to hospital and maximal medical therapy, including IV nitroglycerin, fails to control symptoms or there is hemodynamic instability.	
IV D	**Cardiogenic shock**	Inotropic Agents IABP Angiography Revascularization

[1] Consider clopidogrel 75mg OD with recent MI, CVA, PVD in ASA intolerant or allergic patients (CAPRIE)
[2] Rate limiting CCB (calcium channel blocker): diltiazem or verapamil (do not combine verapamil and ß-blocker)
[3] For patients with chronotropic incompetence use long acting DHP- CCB (amlodipine, felodipine or nifedipine)

See 2012 ACCF/AHA Focused Update of 2007 Guidelines for the Management of Patients With UAP/NSTEMI