Management of stable angina in primary care: evidence based clinical practice guideline

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Secondary prophylactic treatment

Aspirin 75 mg daily for four years (A)—after four years, aspirin should be continued long term at a dose of 75 mg daily(D)

Initial treatment of symptoms

Patients should be treated with short acting nitrates as required in response to pain and before performing activities that are known to bring on pain (A)
For all but minimal symptoms patients should be started on regular treatment of symptoms (D)

Regular treatment of symptoms

Choosing a first drug

- Use a blocker (B)
  Patients should be warned not to stop ß blockers suddenly or allow them to run out (B). Doing so can precipitate a cardiac event. If ß blockers need to be stopped they should be tailed off over four weeks (C).
- Patients intolerant of blockers should be treated with verapamil (C)
- If a patient cannot tolerate a blocker or verapamil then there is no clear basis from the evidence for choosing substitution monotherapy. They should therefore be given the cheapest drug with which they can comply and that controls their symptoms (D)

Choosing a second drug

- In patients taking blockers add a dihydropyridine or diltiazem (B)
- In patients taking blockers who cannot tolerate dihydropyridines or diltiazem add isosorbide mononitrate (B)
- In patients taking verapamil add isosorbide mononitrate (D)
- In patients taking dihydropyridines add isosorbide mononitrate (D)
- In patients taking nitrates add any calcium channel blocker (B)

Choosing a third drug

Patients who are not adequately controlled on maximal therapeutic doses of two drugs should be referred rather than given a third drug (D)

Review of patients with stable angina

Patients should be reviewed at least annually (D)

Referral to a cardiologist

- All patients in whom the diagnosis is uncertain should be considered for referral for clarification of the diagnosis (D)
- All patients in whom management is currently suboptimal, as judged by symptoms, should be considered for referral for further treatment or investigation (D)
- Patients whose symptoms are not controlled on maximal medical treatment should be referred to a cardiologist for angiography not exercise testing (D)
- Patients whose symptoms are not adequately controlled on maximal therapeutic doses of two drugs should be referred rather than given a third drug (D)
- Reasons for not referring include patients declining referral; patients currently having a more important condition (D)