

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. Angina poctoris (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 250000 invasive coronary angiograms performed each year with over 20 000 new cases of angina. The healthcare resource utilisation is appreciable with over 110000 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 Hunter, John Fothergill, Edward Jenner and Caleb Hiller Parry, 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 'sine qua won' 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.74 Around half of all patients with angina undergoing elective coronary angiography have no obstructive epicardial CAD." 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 vasospasen.

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 actiology and related management (table I).

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, iwFR≤0.89)) or >90% 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 Bronchitis Antonio Anzueto, 2014-05-14 **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 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 Official Gazette of the United States Patent and **Trademark Office** .1999 Modern Approaches for Evaluation and Treatment of GI Motility Disorders, An Issue of Gastroenterology Clinics of North America, E-Book Henry Parkman, 2020-09-08 Together with Consulting Editor Dr Alan Buchman Dr Parkman has created as state of the art issue devoted to the modern technology and approaches for evaluation and treatment of GI motility He has provided coverage for the esophagus colon small intestine and gut Leaders in the field have contributed the detailed clinical review articles on the following topics Enhancing High Resolution Esophageal Manometry Use of Impedance multiple rapid swallows Position change Solid food boluses and other techniques EndoFLIP in the esophagus Assessing sphincter function wall stiffness motility to guide treatments Evaluation and Treatment of patients with persistent reflux symptoms despite PPI treatment Esophageal Evaluation for Patients undergoing Lung Transplant Evaluation What should we do for evaluation and management Tailoring Endoscopic and Surgical Treatments for GERD Endoscopic and Surgical Treatments for Achalasia Who to treat and how Enhancing Scintigraphy for evaluation of gastric small bowel colonic motility Targeting treatment for gastroparesis Use of clinical tests to guide treatments Endoscopic and Surgical Treatments for Gastroparesis What to do and Whom to treat Gastric Biopsies in Gastroparesis Insights to Gastric Neuromuscular Disorders to Help with treatment SIBO How to diagnose and treat and then treat again Assessing anorectal function in constipation and fecal incontinence Treating chronic abdominal pain in patients with Chronic Recurrent Abdominal Pain and IBS and Refractory Chronic Constipation How to evaluate and treat Gastroenterologists will come away with the technical information they need to improve outcomes in their patients **Modern Occupational Diseases Diagnosis, Epidemiology, Management and Prevention** Ki Moon Bang, 2022-09-22 Occupational disease is an important public health problem of the 21st century Occupational disease still accounts for many preventable illnesses and injuries in the workplace It is important to incorporate modern knowledge of disease epidemiology and cutting edge diagnostic methods and treatment with the most recent developments in the management and prevention methods to better control work related

diseases and injuries This book covers a selection of the common occupational diseases and injuries It offers accurate current information on the history causes diagnosis management and prevention of several occupational diseases Key features 14 chapters contributed by more than 30 experts in occupational and preventive medicine Comprehensive treatment of the history causes diagnosis management and prevention of many important occupational diseases including asbestosis silicosis work related asthma occupational cancer mesothelioma arsenic and other diseases Each chapter highlights the latest research findings and cutting edge technologies References for further reading Modern Occupational Diseases Diagnosis Epidemiology Management and Prevention serves as a useful guide for all readers interested in occupational diseases The suggested readership includes trainees in occupational medicine general practitioners medical students graduate students in public health programs occupational health nurses and professionals involved in occupational health and safety roles at public and private levels Understanding Allergic Airway Diseases Parteek Prasher, Mousmee Sharma, Sachin Kumar Singh, Ronan MacLoughlin, Kavita Pabreja, Kamal Dua, 2024-06-25 The book explores the intersection of nanotechnology and allergic airway diseases With a focus on diagnosis and management each chapter delves into specific areas of interest Beginning with an introduction to the diseases the book progresses to uncover the pathophysiology and immunology underlying allergic airway diseases The epidemiology chapter provides insights into the prevalence and impact of these conditions A significant portion of the book is dedicated to nanotechnology applications with chapters on metal and metal oxide nanoparticles nanomicelles carbon nanotubes liposomes polymeric nanoparticles solid lipid nanoparticles dendrimers nanofibers and quantum dots These chapters delve into the potential of these nanomaterials in managing allergic airway diseases highlighting their unique properties and promising therapeutic approaches Finally the book concludes with a chapter on future directions exploring emerging trends and potential advancements in the field This book will be a valuable resource for academics caregivers researchers and industry professionals working in the field of airway allergic diseases It includes translational and clinical researchers under graduates and postgraduates Masters PhDs and post doctoral researchers of various disciplines including pharmaceutical sciences biotechnology immunology and medical and health Modern Homeopathic Materia Medica - A Clinical and Diagnostic Approach Dr Asfak Motiwala, Dr. sciences Mehul Shah, Dr. Bhavisha Bhatti, Dr. Deepa Panjuani, 2025-06-03 Modern Homeopathic Materia Medica A Clinical and Diagnostic Approach is a comprehensive guide aimed at integrating classical homeopathy with contemporary medical terminology and diagnostic frameworks specifically ICD 11 and DSM 5 The book updates remedy profiles with modern language clinical insights and therapeutic protocols making it a practical tool for healthcare professionals It serves as the first volume in an ongoing project to modernize homeopathic knowledge while honoring its traditional roots Sedation -<u>E-Book</u> Stanley F. Malamed, 2025-09-01 Master the latest techniques in dental sedation and anxiety management Written by sedation expert Stanley Malamed DDS Sedation A Guide to Patient Management Seventh Edition features the most current

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