

# Terminology Acute Coronary Syndrome NSTEMI STEMI Cardiac Arrest Stable Angina Unstable Angina Ischaemic Heart Disease Atherosclerosis Coronary Artery Disease

Cardiac Risk Factors						
<ul> <li>Modifiable:</li> <li>Obesity</li> <li>Hypercholesterolaemia</li> <li>Non-Modifiable:</li> <li>Increasing age</li> <li>Gender</li> </ul>				_		
<ul><li>Lack of cardiovascular exer</li><li>Hypertension</li></ul>	Lack of cardiovascular exercise     Ethnicity			_		
Smoking     Stress/Alcohol						
Sitessymeonor				_		
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Symptoms						
<ul><li>Heavy</li><li>Aching</li><li>Tight</li></ul>	Stomach ache Nausea Vomiting	Tiredness Hypertension Palpitations		_		
Sharp Stabbing Like a band	Diarrhoea Dizzy/Light headed Loss of consciousness	Back ache Impending doom Sweating		_		
	Indigestion/Heart Burn Pulled a muscle Epigastric pain	Pallor/grey Erectile Dysfunction No symptoms!		_		
Neck ache	Short of breath Productive cough Swollen legs					
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# Management/Treatment

- Early recognition/identification
- MONA (Monitor, Oxygen, Nitrates, Analgesia)
- GTN Spray/Aspirin
- Keep calmGP, 999, 111
- Cardiac Investigation/Treatment
- Medication
- Secondary Prevention/Cardiac Rehabilitation

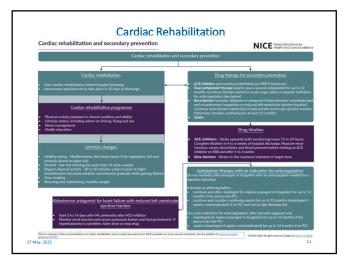
### **Cardiac Investigation**

- Comprehensive history
- ECG/BP/HR
- Troponin/bloods
- CT Coronary Angiogram
- Coronary Angiogram
- Stress perfusion scan
- Cardiac MRI
- Cardiac Stress MRI

### **Cardiac Treatment**

- Pain relief
- Primary Coronary Angioplasty/Coronary Angioplasty/Staged procedure
- Shockwave/rotablation/thrombec tomy/Drug Eluding Stents
- CABG (Open heart/on pump/off pump/minimal invasive)
- Medical management
- Cardiac Rehabilitation

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## Secondary prevention of coronary artery disease: Prevention of further cardiac events in patients with clinically proven cardiovascular disease

# Stable angina

- Aspirin 75mg once daily (or alternative)
- ACE Inhibitors (ARB) for patients with diabetes
- Statin therapy
- Hypertension therapy

# **Acute Coronary Syndromes**

- Dual anti-platelet therapy (PCI or medical management
- ACE Inhibitors
- Beta-blocker
- Statin therapy

we're kind we're fair we listen we care

# Symptom control Up-titrate medication Stable angina offer a beta-blocker of calcium channel blocker in the first instance Other anti-anginal treatments GTN Spray/tablets Long acting nitrates Ivabradine Nicorandil Ranolazine

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### Complications

- Sudden Cardiac Death (Cardiogenic shock, cardiac arrest)
- Co-morbidities
- Fear/anxiety
- On-going symptoms
- Valve disease
- Heart Failure

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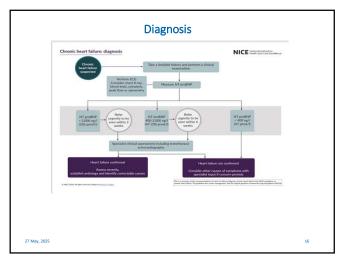
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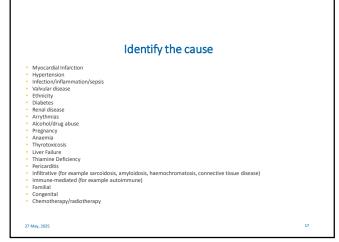
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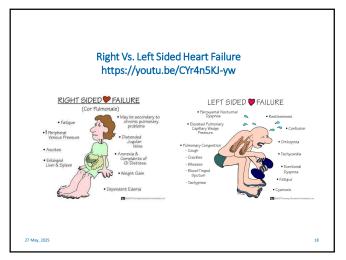
# **Heart Failure**

- "Heart failure is not a single pathological diagnosis, but a clinical syndrome consisting of cardinal symptoms (e.g. breathlessness, ankle swelling, and fatigue) that may be accompanied by signs (e.g. elevated jugular venous pressure, pulmonary crackles, and peripheral oedema). It is due to a structural and/or functional abnormality of the heart that results in elevated intracardiac pressures and/or inadequate cardiac output at rest and/or during exercise".(ESC 2021)
- Heart failure is the final common pathway for almost every cardiovascular disease, irrespective of age. It affects 1% to 2% of the UK population, with prevalence increasing to around 20% in those over 80 years of age (NHS England 2023)

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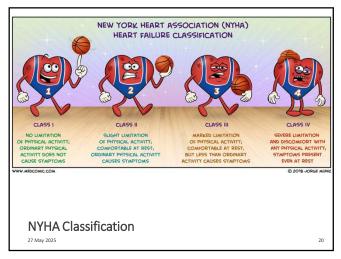


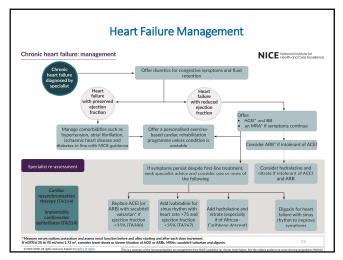




Symptoms

Shortness of breath/dyspnoea
Increased work of breathing
PND
Pulmonary oedema/persistent cough
Peripheral oedema (Legs, hands, abdominal, sacral, genital)
Chest pain/discomfort (if known ischaemic history)
Dizziness
Palpitations
Loss of appetite/nausea
Fatigue
Pallor
Sweating/clammy
Fear/depression/anxiety
Cognitive impairment
Insomnia





# Medications

- Determine cause of heart failure to aid with medical management of the condition
- Offer to all patients:
- ACE Inhibitor/Sacubitril with Valsartan
- Beta-blocker
- Mineralcorticoid receptor antagonists
- SGLT-2 Inhibitors (Dapagliflozin)
- Consider management and treatment of:
- Fluid retention (Diuretics)
- Atrial Fibrillation (Anticoagulation, rate control)
- Ventricular arrythmias (Antiarrhythmics, rate control, cardiac devices)

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# **Interventional Cardiology**

- Coronary Angiogram/angioplasty
- Cardiac MRI
- Echocardiogram
- Cardiac Stress MRI Stress Echocardiogram
- Contrast Echocardiogram (to check for blood clots)
- Heart Transplantation
- Cardiac Devices
- Pacemakers
- ICDs (Internal Cardio Defibrillators)
- CRT-P (Cardiac Resynchronization-Pacemaker)
- CRT-D (Cardiac Resynchronization-Defibrillator)

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# Care of the heart failure patient

- Patient education/self-management
- Symptom management
- Medication Optimisation
- Medication compliance
- Renal function (Potassium levels)
- Blood pressure/Heart Rate
- Do not stop prognostic medications without discussion with HF Nurse/Specialist Consultant
- Be aware of what type of device an individual has: Remote monitoring/taking an ECG/Cardiac Arrest Situations/Mobile Phones
- Be realistic: Heart Failure as a Long Term Condition, progressive illness

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# **Heart Failure Prognosis**

- Survival for people with end-stage heart failure is poor. Despite optimal medical management (including cardiac re-synchronization therapy), only 65% of patients in New York Heart Association (NYHA) class IV are alive at an average follow up of 17 months (BMJ Best Practice, 2021).
- About 50% of people with heart failure die within 5 years of diagnosis [Yancy, 2017].
- A UK population-based cohort In this study 1, 5, and 10 year survival rates were 80.8%, 48.2%, and 26.2%. Taylor, 2019].
- 20.2%. Isylor, 2019.

  Prognosis can be difficult to estimate for a person because heart failure often has an unpredictable trajectory, with stable periods interrupted by episodic acute destabilization. Poor prognostic indicators include: [BMJ Best Practice, 2021; ESC, 2021]:

  Reduced ejection fraction (the lower the ejection fraction, the poorer the prognosis) and transitioning from mildly reduced to reduced ejection. Although in practice the difference in survival is very small.

- The presence of comorbidities (such as atrial fibrillation, chronic kidney disease, chronic obstructive pulmonary disease, depression, and diabetes mellitus).

  Worsening severity of symptoms (based on the NYHA classification).
- Obesity or cachexia.
- Smoking.
- Heart failure caused by ischaemic heart disease, and specifically a history of myocardial infarction.
- The presence of complex ventricular arrhythmias (frequent premature ventricular complexes and non sustained ventricular tachycardia). (NICE, 2024)

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# Other cardiac conditions

- Valvular heart disease

  Microvascular angina
  Coronary Artery Spasm
  Coronary Artery Bridging
  Spontaneous Coronary Artery Dissection
  Arrythmias
  Sudden arrhythmic (cardiac) death
  Congenital/Structural heart defects
  Inherited heart defects
  Pericarditis
  Myocarditis
  Myocarditis
  Myoma
  Aortic defects
  Blunt Force Trauma
  Traumatic chest injuries
  Acute Thoracia Ascending/Descending Aortic Dissection
  Pre-post heart transplantation
  Left Ventricular Assisted Devices

### References

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