

Scope and Target Population:

Adults who have a diagnosis of stable coronary artery disease. The criteria, as noted on the Main algorithm, includes patient presenting with:

- previously diagnosed coronary artery disease without angina, or symptom complex that has remained stable for at least 60 days;
- no change in frequency, duration, precipitating causes or ease of relief of angina for at least 60 days; and
- no evidence of recent myocardial damage.

Aims:

1. Increase the percentage of patients age 18 years and older with a diagnosis of stable coronary artery disease (SCAD) who are prescribed aspirin and antianginal medications.
2. Increase the percentage of patients age 18 years and older with a diagnosis of stable coronary artery disease who understand the self-management of their condition.
3. Increase the percentage of patients age 18 years and older with a diagnosis of stable coronary artery disease who receive an intervention for modifiable risk factors.
4. Increase the percentage of patients age 18 years and older with a diagnosis of stable coronary artery disease presenting with worsening angina symptoms who receive appropriate clinical evaluations.
5. Increase the use of angiotensin-converting enzyme (ACE) inhibitors or angiotensin II receptor blockers (ARBs) in patients with stable coronary artery disease with systolic CHF (ejection fraction less than or equal to 40%), including those patients with a comorbidity diagnosis of chronic kidney disease and / or hypertension.
6. Increase the percentage of patients with a diagnosis of stable coronary artery disease who receive education around nutritional supplement therapy.
7. Increase appropriate stress imaging for stable coronary artery disease patients to determine risk stratification prior to decisions on medical therapy and revascularization.

Clinical Highlights:

- Prescribe aspirin in patients with stable coronary artery disease if there are no medical contraindications.
- Evaluate and treat the modifiable risk factors, which include smoking, sedentary activity level, depression, hyperlipidemia, obesity, hypertension and diabetes.
- Patients with chronic stable coronary artery disease should be on statin therapy regardless of their lipid levels unless contraindicated.
- Perform prognostic testing in patients whose risk determination remains unclear. This may precede or follow an initial course of pharmacologic therapy.
- Refer the patient for cardiovascular consultation when clinical assessment indicates the patient is at high risk for adverse events, the non-invasive imaging study or electrocardiography indicates the patient is at high risk for an adverse event, or medical treatment is ineffective.
- For relief of angina, prescribe beta-blockers as first-line medication. If beta-blockers are contraindicated, nitrates are the preferred alternative. Calcium channel blockers may be an alternative medication if the patient is unable to take beta-blockers or nitrates.