

Annotations

- 2) Added language on the importance of Shared Decision Making with patients with Stable Coronary Artery Disease. Also included a link to a decision aid on the Ottawa Decision Aid Web site.

- 5) Changed the stress section to be labeled as Depression and added information on the use of a PHQ-9 tool. Also added additional information about the correlation between cardiovascular events and depression. (Whooley, 2008) (Glassman, 2002)

Changed the language in the Obesity section to discuss waist circumference as a risk factor. Also added information on the targeted weight loss therapy for overweight patients is 10% of their initial body weight. (Pi-Sunyer, 1998)

Changed the recommended blood pressure to be 140/90, which is consistent with the ICSI Hypertension Guideline. (ACCORD Study Group, 2010) (Cooper-DeHoff, 2010)

- 7) Added language to refer users to the ACC/AHA Guideline on Stress Testing for more information on determining the appropriate testing. Also stated that specific testing depends on the expertise of the organization. (Balady, 2002)

- 12) Added this annotation to discuss Optimal Medical Therapy as discussed in the COURAGE Trial. (Maron, 2010)

- 20) Removed doses related to medications used as interventions.

- 21b) Added literature to support the nutritional supplement therapy recommendations. (DeFilippis, 2010)

- 21d) Changed the language on ranolazine to clarify that it is not a first-line drug and should only be used in conjunction with a cardiologist.

Aims & Measures

Aim #1 was clarified that it relates to patients age 18 years and older.

Aim #2 was reworded to clarify the intent that patients understand how to self-manage their condition.

Aim #3 was clarified that it relates to patients age 18 years and older.

Aim #4 was clarified that it relates to patients age 18 years and older.

Aim #5 was clarified to include systolic CHF when considering ACE inhibitors.

Aim #7 was reworded to clarify that it is to measure the appropriate use of stress imaging to determine the risk stratification prior to decision on medical therapy and revascularization.

Appendices

Appendix B)

Removed the drugs from the table that are easily found in other sources.