

## CLINICAL PRACTICE GUIDELINE REVIEW WORKSHEET

Procedure: **Coronary Artery Disease**

Page#: **1 of 4**

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### MEMBERS PRESENT:

Credentialing/Peer Review Committee (see minutes)

### PURPOSE:

To guide the Liberty Health Advantage network physicians in the diagnosis and treatment of coronary artery disease (CAD). This Clinical Practice Guideline is not intended to replace a physician's clinical medical judgment, which should be based on current medical knowledge and practices.

### FINDINGS:

### RECOMMENDATIONS:

Liberty Health Advantage recommends the adoption of the American Heart Association and American College of Cardiology (AHA/ACC) Guidelines for Secondary Prevention for Patients with Coronary and Other Vascular Diseases

### ATTACHMENTS:

The American Heart Association and American College of Cardiology Guidelines for Secondary Prevention for Patients with Coronary and Other Vascular Diseases was published in *Circulation* 2006;113:2363-2372 located at URL : <http://circ.ahajournals.org/cgi/content/full/113/19/2363>

**TABLE 1**  
**AHA/ACC Secondary Prevention for Patients with Coronary and Other Vascular Disease\*: 2006 Update**

#### Intervention Recommendations With Class of Recommendation and Level of Evidence

#### SMOKING:

- Ask about tobacco use status at every visit. **I (B)**

Goal

Complete cessation. No exposure to environmental tobacco smoke.

- Advise every tobacco user to quit. **I (B)**
- Assess the tobacco user's willingness to quit. **I (B)**
- Assist by counseling and developing a plan for quitting. **I (B)**
- Arrange follow-up, referral to special programs, or pharmacotherapy (including nicotine replacement and bupropion). **I (B)**
- Urge avoidance of exposure to environmental tobacco smoke at work and home. **I (B)**

**BLOOD PRESSURE CONTROL:**

Goal

<140/90 mm Hg

or

<130/80 mm Hg if patient has diabetes or chronic kidney disease

**For all patients:**

- Initiate or maintain lifestyle modification—weight control; increased physical activity; alcohol moderation; sodium reduction; and emphasis on increased consumption of fresh fruits, vegetables, and low-fat dairy products. **I (B)**

**For patients with blood pressure  $\geq 140/90$  mm Hg (or  $\geq 130/80$  mm Hg for individuals with chronic kidney disease or diabetes):**

- As tolerated, add blood pressure medication, treating initially with  $\beta$ -blockers and/or ACE inhibitors, with addition of other drugs such as thiazides as needed to achieve goal blood pressure. **I (A)**
- [For compelling indications for individual drug classes in specific vascular diseases, see Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC 7).]<sup>4</sup>

**LIPID MANAGEMENT:**

Goal

LDL-C <100 mg/dL

If triglycerides are  $\geq 200$  mg/dL, non-HDL-C should be <130 mg/dL<sup>†</sup>

**For all patients:**

- Start dietary therapy. Reduce intake of saturated fats (to <7% of total calories), *trans*-fatty acids, and cholesterol (to <200 mg/d). **I (B)**
- Adding plant stanol/sterols (2 g/d) and viscous fiber (>10 g/d) will further lower LDL-C.
- Promote daily physical activity and weight management. **I (B)**
- Encourage increased consumption of omega-3 fatty acids in the form of fish<sup>‡</sup> or in capsule form (1 g/d) for risk reduction. For treatment of elevated triglycerides, higher doses are usually necessary for risk reduction. **IIb (B)**

**For lipid management:**

Assess fasting lipid profile in all patients, and within 24 hours of hospitalization for those with an acute cardiovascular or coronary event. For hospitalized patients, initiate lipid-lowering medication as recommended below before discharge according to the following schedule:

- LDL-C should be <100 mg/dL **I (A)**, and

- Further reduction of LDL-C to <70 mg/dL is reasonable. **Ia (A)**
- If baseline LDL-C is  $\geq 100$  mg/dL, initiate LDL-lowering drug therapy. **I (A)**
- If on-treatment LDL-C is  $\geq 100$  mg/dL, intensify LDL-lowering drug therapy (may require LDL-lowering drug combination<sup>11</sup>). **I (A)**
- If baseline LDL-C is 70 to 100 mg/dL, it is reasonable to treat to LDL-C <70 mg/dL. **Ia (B)**
- If triglycerides are 200 to 499 mg/dL, non-HDL-C should be <130 mg/dL. **I (B), and**
- Further reduction of non-HDL-C to <100 mg/dL is reasonable. **Ia (B)**
- Therapeutic options to reduce non-HDL-C are:
  - ⇒ More intense LDL-C-lowering therapy **I (B)**, or
  - ⇒ Niacin<sup>11</sup> (after LDL-C-lowering therapy) **Ia (B)**, or
  - ⇒ Fibrate therapy<sup>#</sup> (after LDL-C-lowering therapy) **Ia (B)**
- If triglycerides are  $\geq 500$  mg/dL<sup>#</sup>, therapeutic options to prevent pancreatitis are fibrate<sup>11</sup> or niacin<sup>11</sup> before LDL-lowering therapy; and treat LDL-C to goal after triglyceride-lowering therapy. Achieve non-HDL-C <130 mg/dL if possible. **I (C)**

#### PHYSICAL ACTIVITY:

##### Goal

30 minutes, 7 days per week (minimum 5 days per week)

- For all patients, assess risk with a physical activity history and/or an exercise test, to guide prescription. **I (B)**
- For all patients, encourage 30 to 60 minutes of moderate-intensity aerobic activity, such as brisk walking, on most, preferably all, days of the week, supplemented by an increase in daily lifestyle activities (eg, walking breaks at work, gardening, household work). **I (B)**
- Encourage resistance training 2 days per week. **Iib (C)**
- Advise medically supervised programs for high-risk patients (eg, recent acute coronary syndrome or revascularization, heart failure). **I (B)**

#### WEIGHT MANAGEMENT:

##### Goal

Body mass index: 18.5 to 24.9 kg/m<sup>2</sup>

Waist circumference: men <40 inches, women <35 inches

- Assess body mass index and/or waist circumference on each visit and consistently encourage weight maintenance/reduction through an appropriate balance of physical activity, caloric intake, and formal behavioral programs when indicated to maintain/achieve a body mass index between 18.5 and 24.9 kg/m<sup>2</sup>. **I (B)**
- If waist circumference (measured horizontally at the iliac crest) is  $\geq 35$  inches in women and  $\geq 40$  inches in men, initiate lifestyle changes and consider treatment strategies for metabolic syndrome as indicated. **I (B)**
- The initial goal of weight loss therapy should be to reduce body weight by approximately 10% from baseline. With success, further weight loss can be attempted if indicated through further

assessment. I (B)