Case 2
Case

HPI: A 50 year old man, former smoker with history of hypertension, diabetes and hyperlipidemia presents with progressively worsening chest pain with exertion for 6 months. Currently his pain begins after walking 1 flight of stairs and pain resolves after resting for some time. His symptoms are now limiting his ability to work as a construction worker. He notes that his father had a serious heart attack at age 50.

Medications: Metformin 500mg BID, amlodipine 5mg daily, atorvastatin 40mg daily.

Vitals: HR 88bpm, BP 150/70, RR14, SaO2 95%, T 98.6

Exam: No jugular venous distention, regular rate and rhythm, normal S1,S2 heart sounds, no murmurs. Lungs are clear to auscultation. No peripheral edema
Differential

1. Stable ischemic heart disease (SIDH)
2. Anxiety/psychogenic
3. Musculoskeletal pain
4. Indigestion
5. Acute coronary syndrome/myocardial infarction
6. Pulmonary embolism
7. Aortic dissection
**SIHD**

**Definition:** coronary artery disease which causes limitations in blood flow that lead to symptoms with exertion such as chest pain (angina), shortness of breath or other angina equivalent
Exercise Stress Echocardiogram

Rest

Peak Stress
LAD Stenosis
HOW CAN WE HELP THIS PATIENT?

HOW DO WE REDUCE MORTALITY?

HOW DO WE IMPROVE QUALITY OF LIFE?
INTERVENTION VS. MEDICAL THERAPY
Initial Invasive or Conservative Strategy for Stable Coronary Disease

Study Population: 5179 patients with moderate to severe ischemia on stress testing. Varying degrees of angina symptoms

Intervention: patients randomized to initial invasive (stent) vs. conservative management (medical therapy).

Results:
• Followed for median 3.2 years.
• Early higher rate of periprocedural myocardial infarction in invasive group.
• No significant difference in mortality.
• Among patients significant angina, invasive group had greater improvement in symptoms.
Outcome

- Initial visit: Patient placed on beta blockers.
- Second visit: Nitrate added for persistent symptoms.
- Third visit: patient has continued angina but also admits medication non compliance due to fatigue. Patient scheduled for ”cath”
  - Stent placed in LAD
- Fourth visit: significant reduction in angina