Prevention, Diagnosis and Management of Coronary Artery Disease

Prevention and Diagnosis

Initial Assessment of Risk Factors - Beginning at Age 20 to Include	
• Family History • Smoking Status and Readiness to Change • Blood Pressure • Fasting Lipid Panel • Dietary and Physical Activity Assessment	• BMI Calculation • Past Medical History Assessment (including history of atrial fibrillation and diabetes) • Waist Circumference • Other illnesses including (e.g.) psoriasis have been associated with an increased risk of CAD.
Clinical Identification of Metabolic Syndrome – Any 3 of the Following:	
• Waist Circumference ≥ 40" (men), ≥ 35" (women) • Blood Pressure ≥ 130/≥ 85 mm/Hg • Fasting Glucose ≥ 100 mg/dL	• Triglycerides ≥ 150 mg/dL • HDL Cholesterol < 40 mg/dL (men), < 50 mg/dL (women)
Assess and treat underlying causes	

Blood Pressure

• Treat to blood pressure target levels: < 130/80 mm Hg and < 140/90 mm Hg with no diabetes and no kidney disease[1,2]
• Prescribe life style modifications (e.g. effectiveness of regular aerobic exercise, moderation of sodium intake, a DASH eating plan or a Mediterranean style diet with emphasis on eating foods like fish, fruits, vegetables, beans, high-fiber breads and whole grains, nuts, and olive oil while limiting meats, cheeses, and sweets. This can be equivalent to drug monotheraphy).
• Initial antihypertensive treatment:
  ○ In general nonblack population, including those with diabetes, initial antihypertensive treatment should include a thiazide-type diuretic, calcium channel blocker (CCB), angiotensin-converting enzyme inhibitor (ACEI), or angiotensin receptor (ARB).
  ○ In the general black population, including those with diabetes, initial antihypertensive treatment should include a thiazide-type diuretic or CCB.[3]
  ○ In the population aged ≥ 18 years with CKD (including all CKD patients with hypertension regardless of race or diabetes status), initial (or add-on) antihypertensive treatment should include an ACEI or ARB to improve kidney outcomes.
 	
(See Monroe County Medical Society (MCMS) *Community-wide Guideline for Management of Hypertension for complete recommendations.*)

* Figure reprinted with permission from *Journal of the American College of Cardiology*, 60/24, Fihn SD, Gardin JM, Abrams J, Berra K, Blankenship JC, Dallas P, et al. 2012 ACCF/AHA/ACP/AATS/PCNA/SCAI/STS Guideline for the Diagnosis and Management of Patients With Stable Ischemic Heart Disease, e44–e164, (2012), with permission from Elsevier. Available at: http://www.sciencedirect.com/science/article/pii/S0735109712027027.

Guidelines are intended to be flexible. They serve as reference points or recommendations, not rigid criteria. Guidelines should be followed in most cases, but there is an understanding that, depending on the patient, the setting, the circumstances, or other factors, care can and should be tailored to fit individual needs.