National Heart Foundation of Australia and
the Cardiac Society of Australia and New Zealand

Reducing Risk in Heart Disease 2007

A summary guide for preventing cardiovascular events in people with coronary heart disease

Updated 2008

This summary guide is based on the updated full guideline document:
Reducing Risk in Heart Disease 2007—Guidelines for preventing cardiovascular events in people with coronary heart disease (updated 2008).

Call the **Heart Foundation** on **1300 36 27 87** or visit **www.heartfoundation.org.au** for a copy.

ENDORSED BY:

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Lifestyle/behavioural risk factors and management

Smoking

GOAL: Complete cessation and avoidance of secondhand smoke.

- Refer to Quitline 13 QUIT.
- Consider pharmacotherapy for patients smoking >10 cigarettes per day.

Nutrition

GOAL: Establishment/maintenance of healthy eating patterns, with saturated and trans fatty acid intake ≤8% of total energy intake.

- Refer to the Heart Foundation's 'Enjoy Healthy Eating' messages. Call the Heart Foundation on **1300 36 27 87** or visit **www.heartfoundation.org.au**.

Alcohol

GOAL: Low risk alcohol consumption in those who drink.

- Advise those with hypertension to limit alcohol intake to no more than 2 standard drinks per day (men), 1 standard drink per day (women).

Physical activity

GOAL: Progress, over time, to at least 30 minutes of moderate intensity physical activity on most, if not all, days of the week (150 mins per week minimum).

- Begin at low intensity and gradually increase duration over several weeks, particularly in the post-acute event period.

Healthy weight

GOAL: Waist measurement ≤94 cm (males) or ≤80 cm (females); BMI = 18.5–24.9 kg/m2.*

- Set intermediate achievable goals.

Biomedical risk factors and medical management

Lipids

GOAL: LDL-C <2.0 mmol/L; HDL-C >1.0 mmol/L; Triglycerides <1.5 mmol/L.

- All patients should receive healthy eating advice.
- Statin therapy is recommended for all patients with coronary heart disease (CHD) unless contraindicated and in hospitalised patients, therapy should be initiated during that admission.

Blood pressure

GOAL:

- Adults with coronary heart disease (and/or diabetes and/or chronic kidney disease and/or proteinuria >300 mg/day and/or stroke/TIA) <130/80 mm Hg.
- Adults with proteinuria >1 g/day (with or without diabetes) <125/75 mm Hg.

Diabetes

GOAL: Identify undiagnosed type 2 diabetes; maintain optimal BSL in those with diabetes (HbA_{1c} ≤7%).

- Screen all patients with CHD for diabetes.
- Manage hyperglycaemia with lifestyle interventions and pharmacotherapy if indicated.

Pharmacological management

Antiplatelet agents	• Use aspirin 75–150 mg/day for all patients unless contraindicated. • Additional role for clopidogrel in patients with recurrent cardiac ischaemic events; stent implantation.
ACE inhibitors (ACEI)/ Angiotensin II receptor antagonists (ARA)	• Consider ACEIs in all patients, especially those at high risk, unless contraindicated. Start early post-myocardial infarction (MI). • Consider ARAs for patients who develop unacceptable side effects on ACEIs.
Beta-blockers	• For all patients post-MI, unless contraindicated, and continued indefinitely, especially in high risk patients.[†]
Statins	• For all patients with CHD unless contraindicated. • In hospitalised patients, therapy should be commenced during that admission.
Anticoagulants	• Use warfarin in patients at high risk of thromboembolism post-MI. • Warfarin may sometimes be combined with aspirin – monitor closely for signs of bleeding.
Aldosterone antagonists	• Eplerenone may be used early post-MI in patients with left ventricular systolic dysfunction and symptoms of heart failure.

Non-pharmacological management

Ongoing prevention/ Cardiac rehabilitation programs	• After the acute event, all patients should be actively referred to a comprehensive ongoing prevention/cardiac rehabilitation service.
Chest pain action plan	• All patients to have a written action plan to follow in event of chest pain, including advice on use of anti-anginal medication and emergency action (dial 000 for ambulance) if symptoms are severe, get worse or last for 10 minutes.

Psychosocial factors and assessment

Psychological management	• Assess all patients for comorbid depression. Initiate psychological and medical management if appropriate. • SSRIs are safe and efficacious for management of depression in patients with CHD (note potential interaction with warfarin). • Avoid use of tricyclic antidepressants in patients with CHD due to class III antiarrhythmic effect. • Cognitive-behavioural therapy (alone or in combination with medication) is also efficacious in depression management.
Social support	• Assess all patients for level of social support and provide follow-up for those considered at risk through referral to cardiac rehabilitation services and/or to social worker or psychologist. Consider role of patient support groups.

Note: This guide can also be used for those with other manifestations of atherosclerosis (e.g. aortic, carotid and peripheral vascular disease).

*Weight management goals based on studies of European populations and may not be appropriate for all ages and ethnic groups.

[†]High risk patients are defined as those with either:
– significant myocardial necrosis
– left ventricular systolic dysfunction
– persistent evidence of ischaemia
– ventricular arrhythmia.

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A summary guide for preventing cardiovascular events in people with coronary heart disease[1]

Notes

- The guidelines were developed using a consensus approach which involved an independent assessment of key Australian and international evidence-based clinical guidelines, scientific articles and trial data[2], which are incomplete in some areas.
- The guidelines provide a general framework for appropriate practice, to be followed subject to the practitioner's judgement in each individual case. All treatments should be individualised according to the patient's comorbidities, drug tolerance, lifestyle/living circumstances and wishes.
- For all medications observe usual contraindications, be mindful of the potential for significant and possibly adverse drug interactions and allergies, and carefully monitor and review patients regularly.
- Where drug therapy is recommended for indefinite use, these recommendations have been based on the extrapolated findings of clinical trials which are by their nature, of limited duration.
- Patients are often discharged from hospital after an acute coronary event on low doses of medications such as beta-blockers, ACE inhibitors and statins. In the majority of cases, it is recommended that the dose of each individual medication be increased to the recommended maximum target dose as required and tolerated.
- Any improvement in risk factors and movement towards the ideal risk factor 'goals' and 'targets' will be beneficial. Risk factor modification should be considered as a total package, so that for example, attention is not diverted from addressing smoking cessation while treating dyslipidaemia, hypertension and diabetes.
- Diabetes, renal impairment, and non-coronary heart disease manifestations of atherosclerosis such as cerebrovascular disease or peripheral vascular disease indicate higher risk for coronary events. Patients with coronary heart disease should be screened for these conditions and managed appropriately.
- It is important to monitor and support patients' adherence to lifestyle advice and medications on an ongoing basis. Where appropriate, consider using ancillary measures (e.g. special clinics, telephone support, 'coaching').
- Recommendations are not necessarily congruent with current PBS criteria for eligibility for subsidy in all areas.

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[1] This guide can also be used for those with other manifestations of atherosclerosis (e.g. aortic, carotid, and peripheral vascular disease). For recommendations on the management of patients with heart failure please refer to the Heart Foundation's 'Guidelines for the prevention, detection and management of chronic heart failure in Australia, 2006'.

[2] Based on assessment of literature until February 2004. Minor amendments made March 2005, November 2006.

For heart health information
1300 36 27 87
www.heartfoundation.org.au

Heart Foundation

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