



Scottish
Lipid
Forum



ROYAL
COLLEGE of
PHYSICIANS of
EDINBURGH

SCOTTISH LIPID FORUM & SHARP HYBRID MEETING 2021

18TH NOVEMBER 2021

ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH

SHARP PRIZE ABSTRACTS

Antianginal Therapy Before Percutaneous Coronary Intervention in Stable Angina---a retrospective audit

Kashan Ali, Mya Win, Chim C Lang, Neil Anglim

Department of Cardiology, Ninewells Hospital and Medical School, Dundee

Abstract

Background: Angina relief remains the primary reason for percutaneous coronary intervention (PCI) in stable coronary artery disease (CAD). Major recent clinical trials such as COURAGE, ORBITA and ISCHEMIA trial have shown that PCI is not superior compared to optimal medical therapy. Consequently, clinical practice guidelines recommend antianginal medication as first line therapy, with PCI reserved for patients who remain symptomatic despite optimal antianginal medications (≥ 2 classes of anti-anginal drugs). The aim of our audit was to assess the use of optimal antianginal medications in patients having PCI for stable angina.

Methods and results: This retrospective audit was performed at Ninewells Hospital, Dundee. Using electronic medical records, we audited patients undergoing elective PCI for stable coronary artery disease from January 1, 2021, through July 31, 2021, and determined the use of antianginal medicines before PCI.

There were 452 PCI procedures performed during the duration of audit. We excluded patients who had PCI for prognostic CAD (Acute Coronary Syndrome (ACS), Left Main Stem disease, 3-vessel disease, staged PCI in post-ACS patients). We identified 79 PCI procedures done for non-prognostic disease. Among these 79 PCI procedures, 10.1%, 38.0%, 31.6%, and 20.3% of patients were on 0, 1, 2, or ≥ 3 antianginal medications, respectively. The proportion of patients on ≥ 2 antianginal medications before PCI was only 51.9%.

Conclusions: Nearly half of patients having elective PCI for stable angina were not on optimal antianginal therapy. Our audit suggests that there is room for further optimisation of anti-anginal therapy in patients attending elective PCI.