

North Central London Joint Formulary Committee

Medical Management of Stable Angina

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Document control

Date	Version	Amendments	
Dec 2014	1.0	New version	
Jan 2017	1.1	Minor update (cross-linked to JFC statin guidance, added advice on sacubitril/valsartan)	

Document management

Groups / Individuals who have overseen the development of this guidance:	UCLH, Paul Wright – Lead Cardiac Pharmacist, Barts/UCLH
Groups which were consulted and have given approval:	NCL JFC
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	Anti-platelet therapy - 1 st line aspirin 75mg daily - If GI side effects consider concomitant PPI	Intolerance / contraindication to aspirin? - Change to clopidogrel 75mg daily		
Secondary prevention	Statin - Start atorvastatin in people with CVD (NCL JFC Statin guideline [Apperlanguage - Dose being based on drug interactions, patient preference or recent those with high risk of adverse events - Aim to reduce baseline non-HDL cholesterol by >40%			
	ACE inhibitors (after optimisation of anti-anginals below) - In patients with diabetes mellitus, or post MI, or left ventricular dysfunction (unless already prescribed sacubitril/valsartan; NICE TA338) - Consider angiotensin receptor blocker (ARB) if ACE inhibitor not tolerated - Titrate to maximum tolerable dose as per renal function / BP / U&Es			
Symptomatic relief only	Anti-anginal – 1 st line - Beta blocker (BB) OR calcium channel blocker (CCB) - Choice based on co-morbidities and patient choice - If previous MI or heart failure, beta blocker 1st line - Titrate to max tolerated dose according to BP & HR	Intolerance? - Consider switching to other option (CCB or BB) Symptoms not satisfactorily controlled or intolerance after optimisation of therapy or optimum doses not reached due to hypotension +/- bradycardia?		
J,	Symptoms not satisfactorily controlled? Anti-anginal – 2 nd line - Consider switching to other option (CCB or BB) and/or using combination of the two (when combining BB & CCB use a dihydropyridine CCB).	Anti-anginal – 3 rd line - If inadequate response consider addition of the following HR BP Vasodilation Long acting nitrate (30 to 120mg daily) K channel activator: nicorandil 10 to 30mg BD ↑		
		Symptoms not satisfactorily controlled? Anti-anginal – last line - Consider addition of ranolazine 375mg BD increasing to 750mg BD		

considered appropriate or acceptable. Do not offer a third anti-anginal drug when stable angina is controlled with two.

North Central London Joint Formulary Committee

3 of 3

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Medical Management of Stable Angina Version 1.1