

In Cardiology

Medical Management of Chronic Stable Angina

Angina is exertional chest discomfort or its equivalent on exertion that is relieved on rest or with nitrates. There are two treatment groups – 1) provides symptomatic relief and 2) has mortality benefit.

Symptomatic relief can be provided by nitrates, nicorandil, trimetazidine, ranolazine, ivabradine, calcium channel blockers and betablockers. One is not superior to the other. The drug is selected based on heart rate (prefer betablockers, ivabradine or non-dihydropyridine calcium antagonists in tachycardia), blood pressure (ivabradine, trimetazidine and ranolazine do not reduce blood pressure) and comorbidities (prefer betablocker in atrial fibrillation). Do not combine non-dihydropyridine calcium antagonist like diltiazem with ivabradine since both suppress the sinoatrial node and produce sinus pauses.

Mortality benefits are noted with aspirin, statins (target LDL-C of ≤ 50 mg% as per LAI consensus statement 2021) and RAAS inhibition. Betablockers provide mortality benefits in angina only in the presence of heart failure.

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