Cardiology 5 11 11 Blackpool

Chest pain left me far behind. In chest pain of acute onset I understood that 12h is the goal for getting to hospital as the possibility of PCI exists. Also that plaque rupture is the main cause of ACS. But for chronic pain all has changed..the familiar stress test has been replaced by a whole lost of fancy scans the names of which I have not heard of before. The lecturer said that they won't be available in many places. That for chronic pain Medical treatment gives the same survival as PCI or CABG though they give immediate symptom relief. Also the mechanisms of action of the new anti anginals Ivabradine [acts on the node to slow heart] and Ranolzine [acts on Na channel to slow Calcium reuptake].

Heart Failure was more familiar. British Heart Foundation and British Society of Cardiology [escardio.org.uk] have loads of downloads and guidelines. HBP used to be main cause of HF now it is Coronary Disease. Life expectancy improved with new drugs. Symptoms dyspnoea poss edema. Tests FBC UE TSH. ECG to show AF or old MI. Chest X. BNP and ECHO. BNP is released from stressed LV and vasodilates and has diuretic effect. So other things can raise BNP but a low level is highly likely to not be HF. Stop unfavourable drugs Rate Limiting CCB NSAID Thiazide [replace with loop diuretic]. Start ACE or A2A if cough a problem. Start B Blocker consider even with contras like copd peripheral vascular disease and even some asthmas. ACE titrate to max tolerated dose. Low BP and reduction in renal function may limit this. Stop diuretic and ace if vom/dh or pneumonia then restsrt. Use HF nurses to monitor. If increasing diuretic does not help an exacerbation halve the BB. Hypotension on its own is ok only reduce Rxs if symptomatic. Amlodipine Felodipine Lercanipidine can be used for HBP in HF but cause ankle edema and can be stopped if BP too low. Aldosterone antagonist Spironolactone should probably be given to all. If male gynecomastia a problem use Eplerenone. Watch K+ with both of these. Other diuretics include adding thiazide and Metalozone [very fierce diuretic].Asprin if Ischemic Heart Disease not if HBP. Statins not needed if HBP [chol falls anyway] just use if IHD. Hydrallazine/nitrate sometimes of use if can't use ACE/A2A. Finally open access ECHO of little use it still needs a cardiologist to assess the ECHO plus everything else.