Angina Pectoris

Diagnosis/Definition:

* Typical angina
	+ 1) Chest discomfort that is 2) provoked by exertion or emotional stress and is 3) relieved by rest or NTG
* Atypical angina
	+ Meets two of the above characteristics
* Non-cardiac chest pain
	+ Meets one or none of the typical anginal features
* Intermediate/high risk angina:
	+ Rest pain lasting >20min
	+ Age >65yr
	+ ST and T wave changes
	+ Pulmonary edema

Initial Diagnosis and Management

* Detailed symptom history, focused physical examination and directed risk-factor assessment (smoking, hypertension, hyperlipidemia, diabetes, family history of premature CAD)
* 12-lead ECG
* Chest X-ray if: signs symptoms of CHF, pulmonary disease, valvular heart disease, pericardial disease or aortic dissection/aneurysm
* Initial labs: Hemoglobin, fasting glucose, fasting lipid panel, TSH
* Echocardiogram:
	+ In patients with a history of prior MI, pathologic Q-waves or symptoms or signs suggestive of heart failure
	+ In patients with a systolic murmur that suggests mitral regurgitation or aortic stenosis to assess severity and etiology
	+ In patients with complex ventricular arrhythmias

Indications for Specialty Care Referral

* Chest pain with typical or atypical features or recurrent presentation of ‘non-cardiac’ chest pain
* Angina symptoms with intermediate or high risk features as noted above:
	+ Please call the on-call cardiologist for immediate referral
	+ On-call cardiologist can be found by dialing 486-8133/8106