

**Harvard Medical School Department of  
Continuing Education and the Cardiovascular  
Division of the Department of Medicine,  
Brigham and Women's Hospital**



***Cardiology Rounds***  
**March 2003**

**New guidelines for the management of unstable angina  
and non-ST-elevation myocardial infarction.**

**Part 1: Medical therapies**

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**Objectives:** Dr. Christopher Cannon provides evidence from clinical trials that have led to recent alterations in the ACC/AHA guidelines for the management of patients with unstable angina and non-ST elevation myocardial infarction (UA-NSTEMI). In Part 1 of two issues on this topic, Dr. Cannon underscores the importance of risk stratification to assist in selecting the appropriate medical therapies to improve the prognosis of patients with an acute coronary syndrome.

**TEST:**

1. Risk stratification is important because it helps determine the intensity of both medical and interventional therapies. Risk assessment is based on factors that are known to increase the risk of death or developing an infarct. The presence of any of the following signs, symptoms, or patient demographics would, in the setting of a suspected acute coronary syndrome, designate higher risk.
  - a. Rest discomfort
  - b. Evidence of congestive failure (pulmonary congestion)
  - c. ST segment changes
  - d. Elevated cardiac biomarkers
  - e. All of above
  
2. Risk stratification is important because higher risk patients derive more benefit from aggressive antithrombotic and interventional strategies.

True       False
  
3. Serum measurements of inflammation (CRP) or neurohormone activation (B-type natriuretic peptides) do not provide additive prognostic information when added to measures of myocardial necrosis.

True       False

4. Glycoprotein (GP IIb/IIIa) inhibitors are effective in reducing the risk of subsequent cardiac events in troponin-positive patients, however, these agents have not demonstrated clinical effectiveness in patients without an abnormal troponin.

True       False

5. Use of combined antiplatelet agents with both aspirin and clopidogrel has demonstrated benefit across the entire risk spectrum of low-, intermediate- and high-risk patients.

True       False

6. Heparin should be added to the medical regimen of all patients being treated for UA-NSTEMI. The 2002 Updated ACC/AHA Guidelines for UA-NSTEMI issued a Class II recommendation for the low molecular weight heparin enoxaparin over unfractionated heparin.

True       False

7. Intravenous calcium channel blockade is a cornerstone anti-ischemic therapy in the treatment of UA-NSTEMI.

True       False

To receive AMA category 1 credit, you must correctly answer 60% of the test questions.

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