

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



***Cardiology Rounds***  
**April 2003**

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

**Part 2: An invasive versus a conservative strategy and long-term management**

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**Objectives:** In Part 2 of Dr. Cannon's *Cardiology Rounds*, he concentrates on the strategy for choosing an invasive versus a conservative approach. Recent trials have provided evidence that in higher risk patients, routine use of the catheterization laboratory and revascularization procedures, when indicated, reduce the risk of death and MI in these selected patients. Dr. Cannon reviews the evidence and completes the management strategies combining anti-ischemic, antiplatelet, and anti-thrombotic therapies with a stratified approach to using the catheterization laboratory. Participating physicians should be familiar with the recent ACC/AHA Guidelines of the Management of Acute Coronary Syndromes.

**TEST:**

1. Patients assessed to be of low-risk would have similar outcomes from either an invasive or a conservative strategy.  
True       False
2. In the 2002 ACC/AHA guidelines, an early invasive strategy received a Class 1 recommendation for patients with ACS presenting with ST changes or a positive troponin.  
True       False
3. By current estimates, following an early invasive strategy for high-risk patients adds considerable cost to healthcare expenses.  
True       False
4. The term "teachable moment" refers to the distinct opportunity to reinforce the need for optimization of secondary prevention for each patient prior to discharge after an acute coronary syndrome.  
True       False

5. An invasive strategy involves:
  - a. Routine cardiac catheterization and revascularization, regardless of symptoms
  - b. Cardiac catheterization and revascularization if the patient is troponin positive
  - c. Cardiac catheterization and revascularization if the patient has a positive stress test
  - d. Percutaneous coronary intervention in all patients
  
6. An invasive strategy with adjunctive glycoprotein IIb/IIIa inhibition compared with a conservative strategy has been shown to:
  - a. have a higher mortality
  - b. have a lower mortality
  - c. to reduce death or MI
  - d. to increase death or MI
  
7. Which classes of drugs are recommended in the ACC/AHA Guidelines for treatment at the time of hospital discharge following UA/NSTEMI?
  - a. aspirin
  - b. clopidogrel
  - c. beta-blockers
  - d. statins
  - e. ACE inhibitors
  - f. all of the above

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

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