Priority Topic: **ISCHEMIC HEART DISEASE**

**Key Features:**

1. Given a specific clinical scenario in the **office or emergency** setting, diagnose **presentations of ischemic heart disease (IHD)** that are:
   - **classic**
   - **atypical** (e.g., in women, those with diabetes, the young, those at no risk).

   **What you should study:**
   - ACS Diagnostic evaluation AAFP 2017
   - Atypical chest pain without diabetes BMJ 2014
   - Atypical chest pain & diabetes EHJ 2015

2. In a patient with **modifiable risk factors** for ischemic heart disease (e.g., smoking, diabetes control, obesity), **develop a plan** in collaboration with the patient to reduce her or his risk of developing the disease.

   **What you should study:** see also **Priority Topics Obesity, Dyslipidemia, Diabetes, Hypertension**
   - AHA Exercise Guidelines Infographic 2016
   - Mediterranean diet BMC 2016
   - Diet and Physical Activity for CVD Prevention AAFP 2016
   - Smoking cessation for CVD risk EHJ 2013
3. In a patient presenting with symptoms suggestive of ischemic heart disease but in whom the diagnosis may not be obvious, do not eliminate the diagnosis solely because of tests with limited specificity and sensitivity (e.g., electrocardiography, exercise stress testing, normal enzyme results).

**What you should study:**

✓ Diagnosis of stable ischemic heart disease AAFP 2013
✓ Une image vaut mille mots... l'évaluation du patient coronarien MduQ 2013
✓ EM Cases Episode 15: ACS Part 1 Risk Stratification

4. In a patient with stable ischemic heart disease manage changes in symptoms with self-initiated adjustment of medication (e.g., nitroglycerin) and appropriate physician contact (e.g., office visits, phone calls, emergency department visits), depending on the nature and severity of symptoms.

**What you should study:**

✓ Stable coronary artery disease treatment AAFP 2018
✓ Management of stable ischemic heart disease AAFP 2013
✓ Stable ischemic heart disease AIM 2014
5. In the regular follow-up care of patients with established ischemic heart disease, specifically verify the following to detect complications and suboptimal control:
   - symptom control.
   - medication adherence.
   - impact on daily activities.
   - lifestyle modification.
   - clinical screening (i.e., symptoms and signs of complications).

**What you should study:**

✓ Stable coronary artery disease treatment AAFP 2018
✓ Stable ischemic heart disease in the clinic AIM 2014
✓ Post-acute coronary syndromes care PBSGL 2015 [www.members.fmpe.org](http://www.members.fmpe.org)

6. In a person with diagnosed acute coronary syndrome (e.g., cardiogenic shock, arrhythmia, pulmonary edema, acute myocardial infarction, unstable angina), manage the condition in an appropriate and timely manner.

**What you should study:** see also Priority Topics Chest Pain, ACLS

✓ ACS Current Treatment AAFP 2017
✓ Le coeur du traitement de l’infarctus du myocarde MduQ 2013
✓ EM Cases Episode 15: ACS Part 2 ACS Management