

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**

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**