

### Signs & Symptoms

- Chest pain lasting several minutes
- Chest pain brought on by exertion
- Relief of chest pain with rest or GTN

### Investigations

Resting ECG:	Exercise ECG:	Angiography:
ST depression + T wave flattening or inversion during attacks	ST depression (>1mm) at low workload indicates severe CAD + angiography	where diagnosis uncertain

### Case study

A 50-year-old man presents to clinic with a complaint of central chest discomfort of 2 weeks' duration, occurring after walking for more than 5 minutes or climbing more than 1 flight of stairs. The chest discomfort resolves with rest within several minutes. He is obese, has a history of hypertension, and smokes 10 cigarettes a day. His father died from a myocardial infarction at the age of 54 years. On examination, his blood pressure is 144/92 mmHg with a heart rate of 82 bpm. The remainder of his examination is normal..

### Unstable Angina

Presents with previously diagnosed angina/new onset angina that is progressing:

- more frequent
- longer in duration
- lower in threshold

Can present with rest angina that occurs for more than 20 minutes + occurs within 1 week of presentation

### Management

Symptomatic Treatment:	Secondary prevention of MI, sudden death + stroke:	Prophylactic therapy:
Acute attacks treated with sublingual GTN tablet or spray	Modification of risk factors (smoking, HTN, diabetes)	Beta blockers - reduce HR + force of ventricular contraction
	Aspirin - 75mg daily to reduce risk of coronary events	CCBs - relax coronary arteries
	Statins - achieve cholesterol < 5.0 mmol/L	Nitrates - reduce venous diastolic pressure + dilate coronary arteries
		Other treatments - nicorandil, ranolazine + ivabradine

