Patient has known coronary disease High risk ≥1 additional risk factor Age ≤65 years >1 prior myocardial infarction Atorvastatin 80mg od & Aspirin 75mg Multivessel coronary artery disease Diabetes requiring medication CKD ≥ Stage 3 AMI, ACS or Acute PCI in the previous 12 months? Ticagralor 90mg bd for High risk Yes Ticagralor 60mg bd for No first 12 months further 36 months features No Previous MI at any time? Yes Ramipril up titrated to No All those in AF with IHD should be offered 10mg unless CI anticoagulation as this is a powerful stroke risk feature of CHA₂DS₂VASc Previous history of LVSD (& see LVSD guide)? Known AF at time of AMI or ACS then triple therapy with dual antiplatelet and Bisoprolol up titrated No OAC should be in place for 3 months to HR<60bpm unless CI At 3 months clopidogrel should be stopped. After 12 months the aspirin Blood pressure >130/80mmHg? stopped leaving just OAC Yes During a period of dual antiplatelet Amlodipine 5mg and therapy or combined OAC & antiplatelet follow hypertension No therapy then gastric protection with guide lansoprazole 15mg od should be provided Patient stable with minimal anginal symptoms? If patient is has symptoms of hypotension Yes No or a systolic blood pressure <110mmHg then consider switching bisoprolol to Follow Angina Pathway **Annual Surveillance** ivabradine to max 7.5mg bd

Management of IHD & Anginal Symptoms

