

# THE MEDICAL PRACTICE AT 48 WIMPOLE STREET

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## PRACTICE GUIDELINES FOR SECONDARY PREVENTION OF CHD

This guidelines is based upon the NICE guideline 5, July 2003 'Chronic heart failure' & the NICE guideline A, April 2001, M.I. – prophylaxis for patients who have experienced an M.I.

### Which patients for secondary prevention?

M.I., angina, revascularisation (&atrial fibrillation or heart failure, PVD, TIA, stroke)

### Call/recall system

Establish systematic approach to review all patients at least annually for:

### Assessment & management of risk factors & secondary prevention

BP	Lipids	Aspirin	Beta Blockers	ACE Inhibitors	Diabetes	Atrial Fibrillation
Optimal BP <140/85mmHg (unless patient has diabetes). Follow hypertension protocol for lifestyle advice & medication guidance	Optimal All patients aim for a total LDL cholesterol <3.0 Dietary advice Majority of patients will require statins	All patients on aspirin for secondary prevention unless contraindicated (if allergic consider clopidogrel)	All patients post M.I. on beta blocker unless contraindicated. (If not started in secondary care consult cardiologist)	All patients post M.I. on an ACE inhibitor unless contraindicated. (If not started in secondary care consult cardiologist)	Assess for new onset diabetes Diabetic patients: optimal control of BP <130/80mmHg Optimal control of HbA1C < 6.5 (refer to Hypertension & Diabetes protocol)	Patients over 60 years who also have AF are on warfarin or aspirin
U & E's	Cholesterol or lipid profile LFTs CK			Creatinine & electrolytes	Urinalysis/blood for glucose With diabetes: HbA1C	ECG INR on warfarin

### Assessment & management of lifestyle factors

Smoking	Diet	Alcohol	BMI	Physical Activity
Assessment of current status <b>and</b> readiness to modify each lifestyle factor Gradual progression towards optimal levels (unless contraindications)				
Optimal – stop smoking	Optimal – all patients balance of good health	Optimal – 1-2 units/day or less	Optimal – 20-25	Optimal – moderate intensity exercise on 5 days/week x 30 mins/day
Advice: Interventions, NRT, Zyban Referral: Smoking Cessation service	Advice re: salt, fat, oily fish, fruit & vegetables	Advice	Advice Referral: exercise/dietician	Advice: aim to keep moderately active Referral: Phase 4 Attended cardiac rehab?

Assessment of symptoms of angina or dyspnoea

Assessment of well being/social support

Referral Guidelines – see main protocol

Ongoing review – continue to review control satisfactory, if stable annual review

