Assessing and Diagnosing Suspected Stable Angina

(Adapted from the NICE CG95 guidance)

- Document clinical history:
  - Person's age and sex
  - Characteristics of the pain and symptoms
  - Any history of cardiovascular disease
- Conduct physical examination:
  - Risk factors and signs of cardiovascular disease
  - Non-coronary causes of angina and exclude other causes of chest pain

Clinical History and Physical Examination to assess the typicality of chest pain

- Assess the typicality of chest pain:
  - Symptoms:
    - Constricting discomfort in the front of the chest, or in the neck, shoulders, jaw or arms
    - Precipitated by physical exertion
    - Relieved by rest or GTN within about 5 minutes

All 3 symptoms = typical angina
2 of 3 symptoms = atypical angina
Non-anginal chest pain = alternative diagnosis

- Initial management
  - Blood tests to identify conditions which exacerbate angina
  - Consider aspirin for stable angina until a diagnosis is made
- ECG
  - If stable angina cannot be excluded, take a resting 12-lead ECG as soon as possible after presentation
  - Note: results may not be conclusive
- CADScor system for ruling out coronary artery disease

Patients with typical or atypical angina

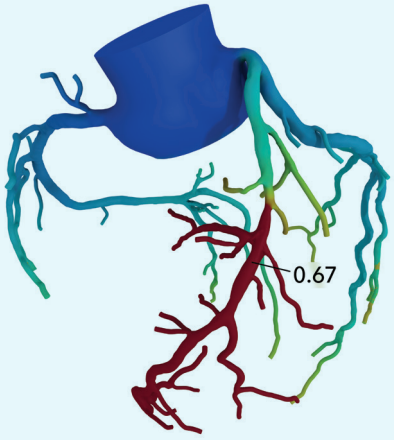
Patients with no anginal pain

Initial management and investigations

Patient discharged

Diagnostic investigations – NICE chest pain pathway

- First line: 64-slice CT coronary angiography
- **HeartFlow FFR_{CT}** for estimating fractional flow reserve
  - Consider for patients with at least one coronary stenosis of 30% to 90%[1]
- Second line: non-invasive functional testing
- Third line: invasive coronary angiography



Depiction of the HeartFlow Analysis

[1] Fairbairn, etal. Euro Heart J 2018