



OptimalCare for cardiology

Evidence driven ~ Better outcomes ~ Lower cost

Screening and testing

- Routine ischemia testing is not indicated in stable CAD.^{1,2}
- Treadmill Exercise Stress Test (EST) is the most cost-effective test when the ECG is normal, and patients are able to exercise on the treadmill. In most others, CCTA/FFR will be the optimal test.
- Preoperative ischemia testing is not needed in patients who can achieve 4 METS (climb one flight of stairs, grocery shopping with cart) of activity without CV symptoms.
- Screening for asymptomatic carotid stenosis is not indicated.
- Cerebrovascular imaging is rarely indicated for syncope.

Atrial fibrillation management

- 27% of AF patients are anticoagulated inappropriately and the decision to treat should be based upon CHA₂DS₂VASc score of ≥ 2 in men and ≥ 3 in women. Use shared decision-making at lower scores if anticoagulation is considered.
- Multiple observational studies have shown both the lowest stroke rate and lowest bleeding rates with apixaban compared to other DOACs.
- In the absence of systolic CHF, rate control and rhythm control for AF have equal outcomes.³
- Recurrence of AF post ablation is 30-50% at 5 years.

Medical management

- LDL levels can be reduced up to 70% with rosuvastatin/ezetimibe.
- PCSK-9 inhibitors are infrequently needed.
- Peripheral Artery Disease (PAD) is optimally managed with risk factor control in the absence of lifestyle limiting symptoms.
- Aldosterone blockade or amiloride are the most effective therapies for resistant hypertension.
- Syncope may be mismanaged; refer to the algorithm in the Cleveland Clinic Journal of Medicine for optimal management.⁴ (Figure 1. Management of syncope)
- Echo for Patent Foramen Ovale is indicated for cryptogenic stroke under age 60.⁵

Cardiovascular disease approach

Extensive testing has become the standard and prevention management is more valuable than invasive therapies.

Shared decision-making:

- Obtain palliative care evaluation prior to Transcatheter Aortic Valve Replacement (TAVR) in the frail elderly.
- Use prior to defibrillator placement.

CHF management:

- Daily weights are the most impactful way to monitor CHF.
- Aldosterone inhibitors are underutilized in systolic Class III/IV CHF and reduce mortality by 11% in two years.⁶
- Entresto (sacubitril/valsartan) modestly effective for systolic Class III/IV CHF at a cost of \$4,400 yearly.

1. *The New England Journal of Medicine*, 373(20), 1937-1946. doi:10.1056/NEJMoa1505532

2. *The Lancet*, 391(10115), 31-40. doi:10.1016/S0140-6736(17)32714-9

3. *NEJM*, 378, 417-427. doi:10.1056/NEJMoa1707855

4. *Cleveland Clinic Journal of Medicine*, 12, 755-766. Retrieved from <https://www.mdedge.com/ccjm/article/89311/cardiology/syncope-etiology-and-diagnostic-approach>

5. *NEJM*, 377, 1033-1042. doi:10.1056/NEJMoa1707404

6. *NEJM*, 341, 709-717. doi:10.1056/NEJM199909023411001

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