

63 y/o man with severe ischemia

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63 y/o man with severe ischemia

- HTN, HLD, diabetes, family history of CAD, ex-smoker
- No angina
- Occasional dyspnea on exertion
- BP 138/74 mm Hg
- BMI 26

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- Labs

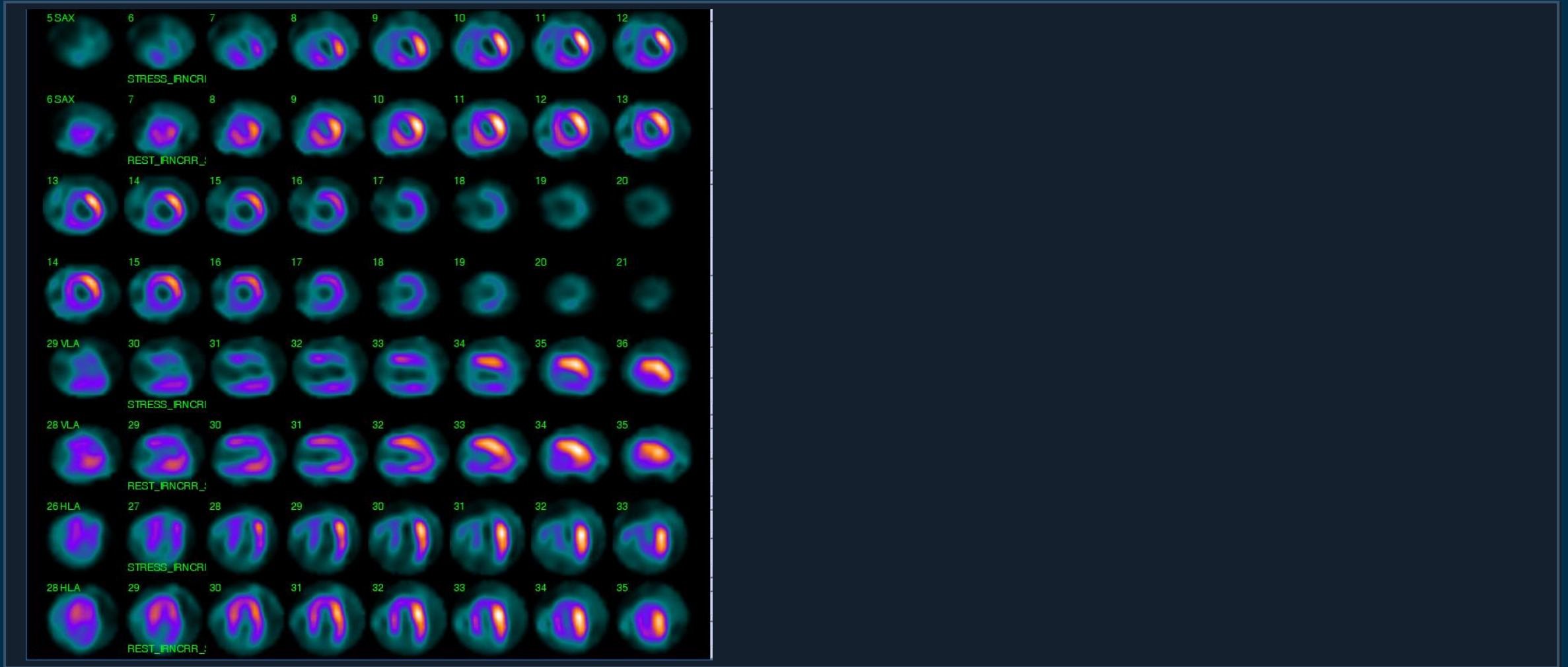
- TC 113
- HDL 37
- LDL 53
- TG 115
- HBA1c 7.2

- Medications

- ASA
- Atorvastatin 20 mg
- Metoprolol
- Lisinopril
- Diabetes medications

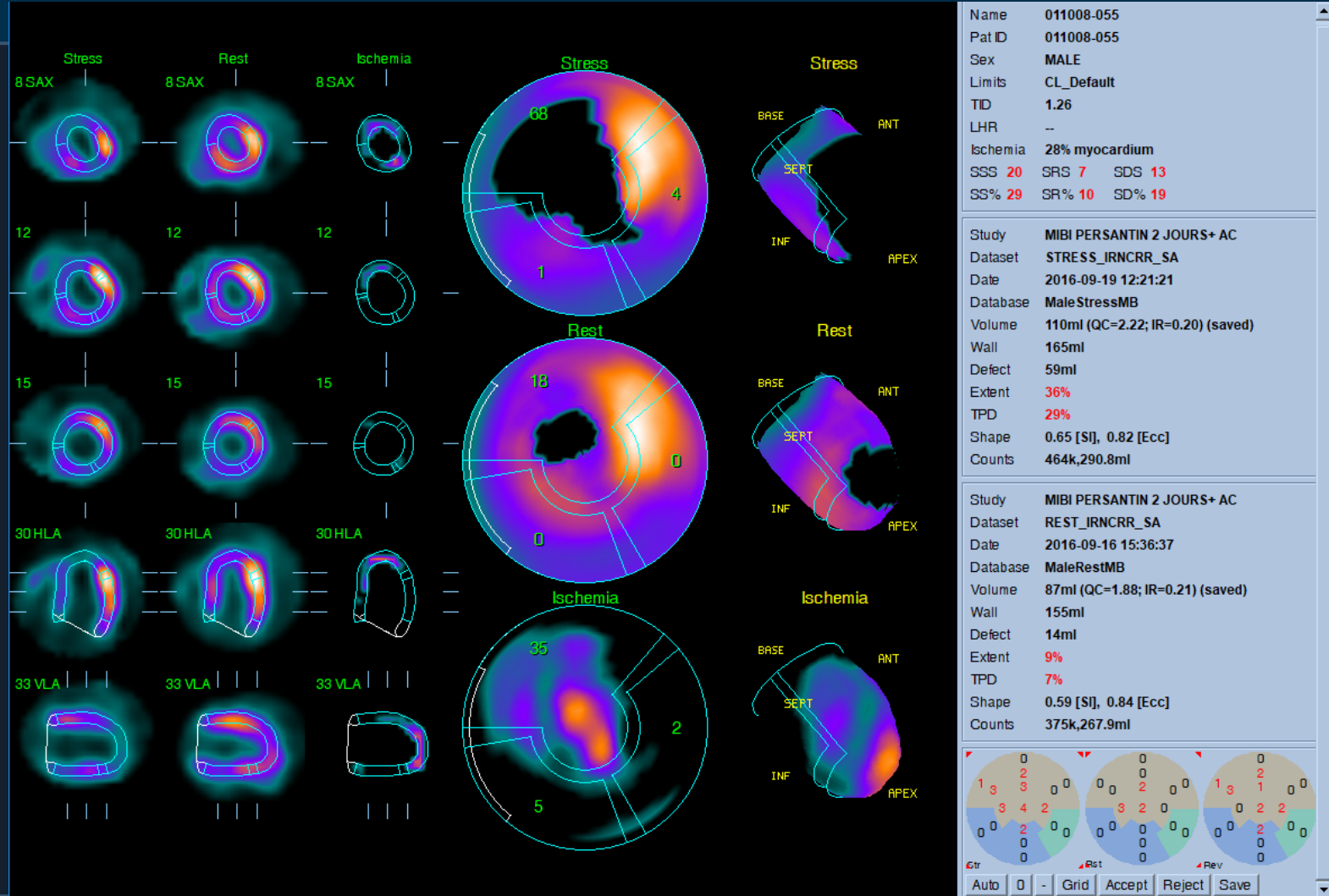
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Nuclear SPECT



63 y/o man with severe ischemia

Nuclear SPECT



63 y/o man with severe ischemia. No angina. Occasional DOE. What would be the next step in management?

- a) Optimize medical therapy
- b) Coronary angiography and revascularization
- c) Coronary CT angiography
- d) Exercise treadmill test

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Coronary CT Angiography

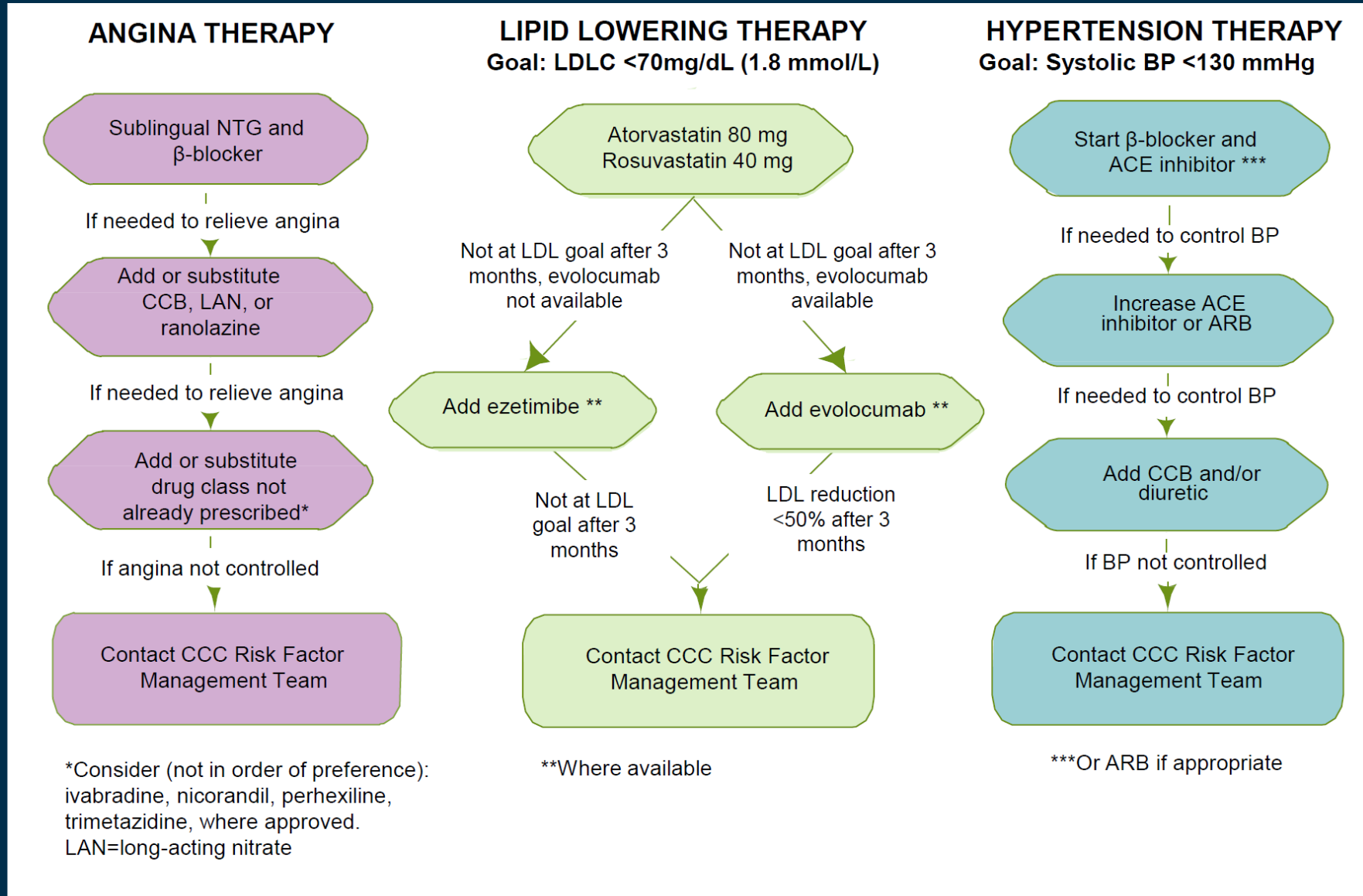
- Prox LAD: 70-100%
- Mid LAD: 70-100%
- D1: 70-100%
- Prox LCx: 70-100%
- OM1: 70-100%
- Distal LCX: 70-100%
- Mid RCA: 70-100%
- Distal RCA: 70-100%

63 y/o man with severe ischemia. No angina. Occasional DOE. Severe 3v CAD on coronary CT. What would be the next step in management?

- a) Optimize medical therapy
- b) Coronary angiography and PCI
- c) Coronary angiography and CABG

**Patient was enrolled in the ISCHEMIA
trial and randomized to Conservative
strategy**

ISCHEMIA: OMT Algorithm



ISCHEMIA: Risk Factor Goals

RISK FACTOR	GOALS	
Behavioral		
Smoking	Smoking cessation ¹	
Physical activity	>30 minutes of moderate intensity >5 times/week	
Saturated fat	<7% calories	
Physiological		
Blood pressure	Systolic blood pressure <130 mm/Hg ^{1,2}	
LDL cholesterol	LDL-C <70 mg/dl (1.8 mmol/L) ¹	
Body Mass Index (kg/m ²)	Initial BMI 25-27.5 >27.5	Weight Loss Goal BMI <25 10% relative weight loss
Diabetes	<8%. ³ A more stringent HbA1c goal (such as <7%) may be appropriate for selected individuals. ⁴	

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Follow-up OMT Goal Attainment

- BP: 138/74→123/71
- Labs
 - TC 113→111
 - HDL 37→70
 - LDL 53→51
 - TG 115→97
- HBA1c 7.2→5.5
- Medications
 - ASA
 - Atorvastatin 80 mg
 - Metoprolol
 - Lisinopril
 - Diabetes medications

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Follow-up

- Doing well over 7 years of follow-up with no symptoms
- Follow-ups regularly
- Compliant with medications

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Summary

- Reasonable to medically manage with close follow-up and consider cath and revascularization as needed
 - Important to rule out left main disease
- Reasonable to also consider upfront cath and revascularization
 - Small reduction in cardiac death
 - Reduction in spontaneous MI, unstable angina and CV hospital stays
 - For symptoms (if any)
- Personalized treatment decision is important with understanding of evidence based benefits and risks