

Secondary Prevention and Risk Reduction Therapy for Patients with Coronary and Other Atherosclerotic Vascular Disease

The following is a synopsis of the article “AHA/ACCF Secondary Prevention and Risk Reduction Therapy for Patients with Coronary and Other Atherosclerotic Vascular Disease: 2011 Update,” published in the November 29, 2011, issue of *Circulation*.



What is already known on this topic?

Coronary artery disease, also known as coronary heart disease, is the leading cause of death for adults in the United States. A fatty substance known as plaque builds up in the coronary arteries of individuals with this disease, which reduces blood flow to the heart and, in turn, can cause angina (chest pain), heart attack, or heart failure. Lifestyle changes, medications, and medical procedures to unblock the arteries are recommended treatments to interrupt the disease process and prevent a subsequent cardiac event.

In 2006, the American Heart Association (AHA) and the American College of Cardiology Foundation (ACCF) published updated guidelines for secondary prevention of coronary and other atherosclerotic vascular diseases, including peripheral artery, atherosclerotic aortic, and carotid artery diseases. The guidelines focus on patients with established disease. Since 2006, clinical trials have produced important new evidence that supports the use of intensive risk-reduction therapies to better manage these diseases.

What is added by this article?

This article highlights AHA/ACCF’s 2011 update of the 2006 recommendations, incorporating evidence-based results from clinical trials and revised practice guidelines. The writing group’s key points included the following:

- ▶ The update did not modify the 2006 recommendations for blood pressure control. These recommendations will be reviewed after the release of guidelines from the Joint National Committee (JNC) on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure, expected in spring 2012.
- ▶ The 2006 recommendations on lipid (cholesterol) management will be reviewed when the National Heart, Lung, and Blood Institute’s latest Adult Treatment Panel guidelines are released in 2012.
- ▶ The writing group emphasized the importance of providers considering the use of cardiovascular medications that have proven effective in randomized controlled trials.

- ▶ The writing group also confirmed the influenza vaccine recommendation from the 2006 guidelines, which states that individuals with chronic cardiovascular disorders should receive the inactivated influenza vaccine.
- ▶ New recommendations on depression and cardiac rehabilitation were added.
- ▶ Programs such as AHA's Get With the Guidelines, the American Cancer Society/American Diabetes Association/AHA's Guideline Advantage, and ACC's PINNACLE (Practice INNOVation And CLinical Excellence) are recommended for identifying appropriate patients, providing guideline reminders to practitioners, and evaluating the success of patient therapy.

What are the implications for public health practice?

In the 15 years since the guidelines were first published, two key developments have increased their importance to clinical care. First, the number of patients living with cardiovascular disease has increased with the aging of the overall population. Second, studies on the use of recommended therapies continue to show that many patients who might benefit from specific therapies are not receiving them in clinical practice. Thus, it is important for health care practitioners to implement therapies according to recommendation class and to assess and assist with patient compliance and adherence to therapy. Evidence confirms that in patients with coronary and other atherosclerotic vascular diseases, comprehensive risk factor management improves survival, reduces recurrent cardiac events, decreases the need for procedures to restore the blood supply to organs (revascularization), and improves overall quality of life.

Resources

Centers for Disease Control and Prevention
Coronary Artery Disease
www.cdc.gov/heartdisease/coronary_ad.htm

National Heart, Lung, and Blood Institute
What Is Coronary Heart Disease?
www.nhlbi.nih.gov/health/health-topics/topics/cad

The Eighth Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC 8)—Available 2012
www.nhlbi.nih.gov/guidelines/hypertension/jnc8/index.htm

Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel IV)—Available 2012
www.nhlbi.nih.gov/guidelines/cholesterol/atp4/index.htm

Citation

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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

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