







# DIAGNOSIS

- 1. Laboratory tests: Hb and fasting glucose & lipoprotein.
- 2. ECG is normal in about 50% of patients with angina.
- 3. Stress ECG or Exercise tolerance testing (ETT)
- 4. Echocardiography
- 5. Pharmacologic stress echocardiography (e.g., dobutamine, dipyridamole, or adenosine): In patients unable to exercise.
- Biochemical markers of MI: Both <u>troponins</u> & <u>CK-MB</u> are detectable within 6 h of MI. Troponins remain elevated for up to 10 d, whereas CK-MB returns to normal within 48 h.





7. Cardiac catheterization & coronary angiography







Preparations:					
		Glyceryl trinitratc	Isosorbid	Isosorbid	
		(nitroglycerine)	dinitrate (isodril)	mononitrat (imdur)	
1) Sublingual	Dose	0.5mg/15 min max. 3 dose	5 mg		
	Onset	1-3 min	1-3 min		
	Duration	10-30 min	1 hour		
2) Buccal	Dose	0.4 / metered dose	1¼ / metered dose		
	Duration	10-30 min	1 ½ hour		
3) Oral	Dose Duration	6 ¼ - 12 ½ mg 2-4 times /d 4-8 h	10-40 mg t.d.s 4-6 h	10-40 mg/ 12 h 6-10 h	
4) T.D.S					
- Ointment 2% - Patch	Dose Duration Dose Duration	1-1½ inch/4h 3-6 h One patch 25 mg /day 8-12 h			
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## Indications of BB:

- 1. 1<sup>st</sup> line in stable angina requiring daily maintenance therapy
- 2. coexisting

- 1. hypertension,
- 2. supraventricular arrhythmias,
- 3. postmyocardial infarction angina
- 4. anxiety

### Treatment objectives:

- ↓ maximal exercise HR to 100 beats/min or less.























	Streptokinase (Streptase)	Alteplase (Activase) activate plasminogen that is bound to fibrin onto plasmin (it is fibrin selective)	
Mechanism	bind to plasminogen to form a complex & this complex converts Plasminogen to Plasmin (fibrinolysin)		
t <sub>1/2</sub>	< 30 min.	< 5 min.	
	Artworth Barray Barr	ACTIONS OF A CONTRACT OF A CON	
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1- Bleedir 2- Allergy	cts of thrompolytics: ng (The most important & most con (especially with Streptokinase)	mmon)	



# Contraindications

### Absolute CI:

- (1) active internal bleeding
- (2) intracranial neoplasm
- (3) structural vascular lesion
- (4) suspected aortic dissection
- (5) previous ICH at any time
- (6) closed head trauma within 3 ms
- (7) ischemic stroke within 3 ms

Primary PCI is preferred in these situations.

### **Relative CI:**

- (1) severe, uncontrolled HTN (> 180/110 mm Hg)
- (2) Current anticoagulant use;
- (3) bleeding tendency
- (4) pregnancy;
- (5) active peptic ulcer;
- (6) history of ischemic stroke longer than 3 ms
- (7) major surgery within 3 ws;
- (8) recent (within 2-4 ws) internal bleeding
- (9) for streptokinase, prior administration (<5 days) or prior allergy

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