

Guidelines for the Management of Patients with chronic Stable Angina, ACC/AHA/ACP-ASIM, Circulation 1999; 99:2829-2848, J Am Col Cardiol 1999; 33:2092-2197

<http://www.acc.org/clinical/guidelines/june99/index.html>

The following two pages are screen shots of the GLIF specification of this guideline, done by Mor Peleg and Elmer Bernstam, using the PROTÉGÉ Authoring Tool.

* For decisions marked with an asterisk, we assume that there is a list of contraindications available.

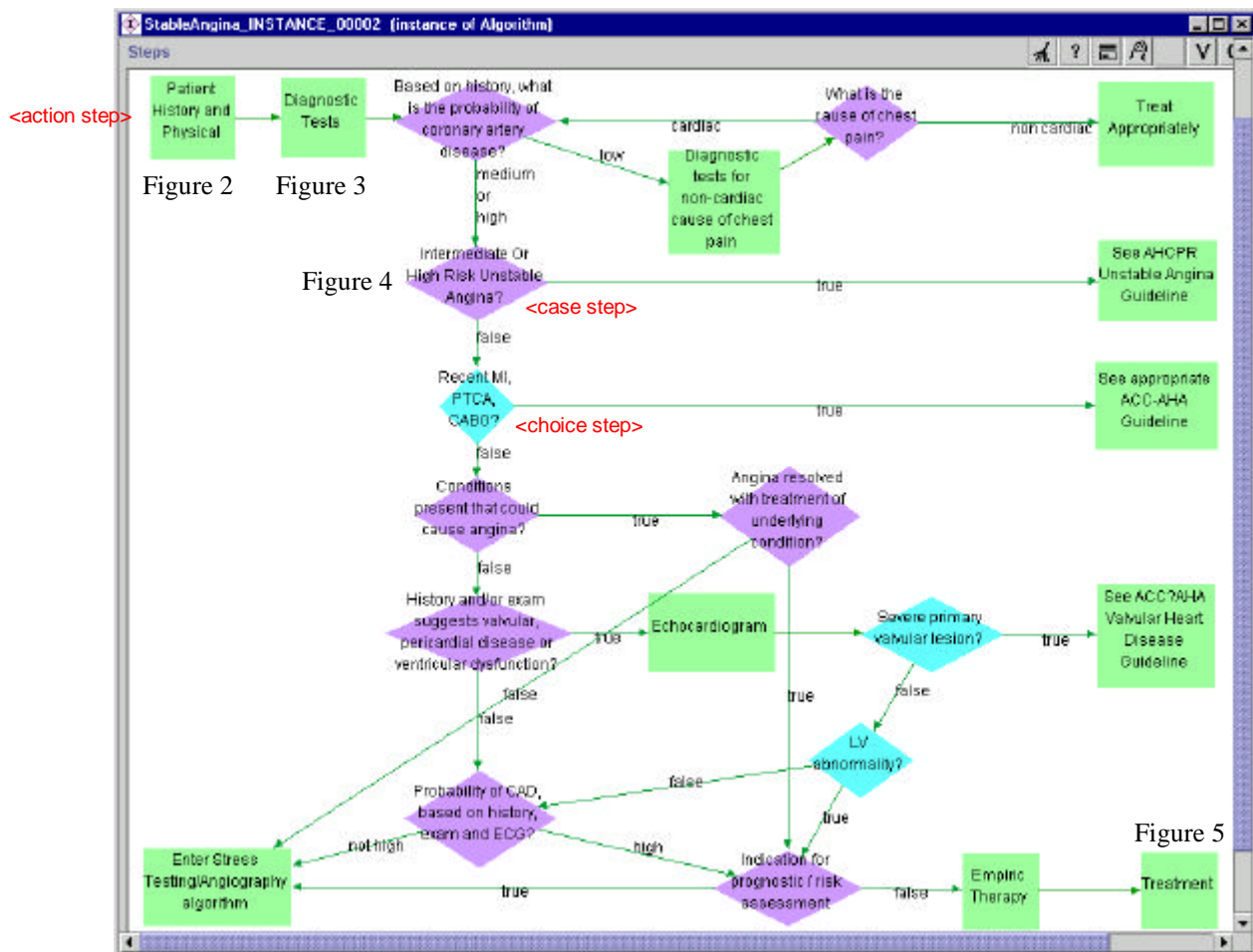


Figure 1. The Unstable Angina guideline: top-level

StableAngina_INSTANCE_0000...

Name

Patient History and Physical

Tasks [V] [C] [+] [-]

- Age
- Sex
- Smoker?
- Diabetes?
- Hyperlipidemia

Next Step [V] [C] [+] [-]

Diagnostic Tests

Figure 2. Tasks done in the “Patient History and Physical” action step of Figure 1

StableAngina_INSTANCE_00...

Name

Diagnostic Tests

Tasks [V] [C] [+] [-]

- Fasting Glucose Level
- Fasting Lipid Panel
- Hemoglobin
- Rest ECG
- Chest X-Ray
- EBCT

Next Step [V] [C] [+] [-]

Based on history, what is the probability of c...

Figure 3. Tasks done in the “Diagnostic tests” action step of Figure 1

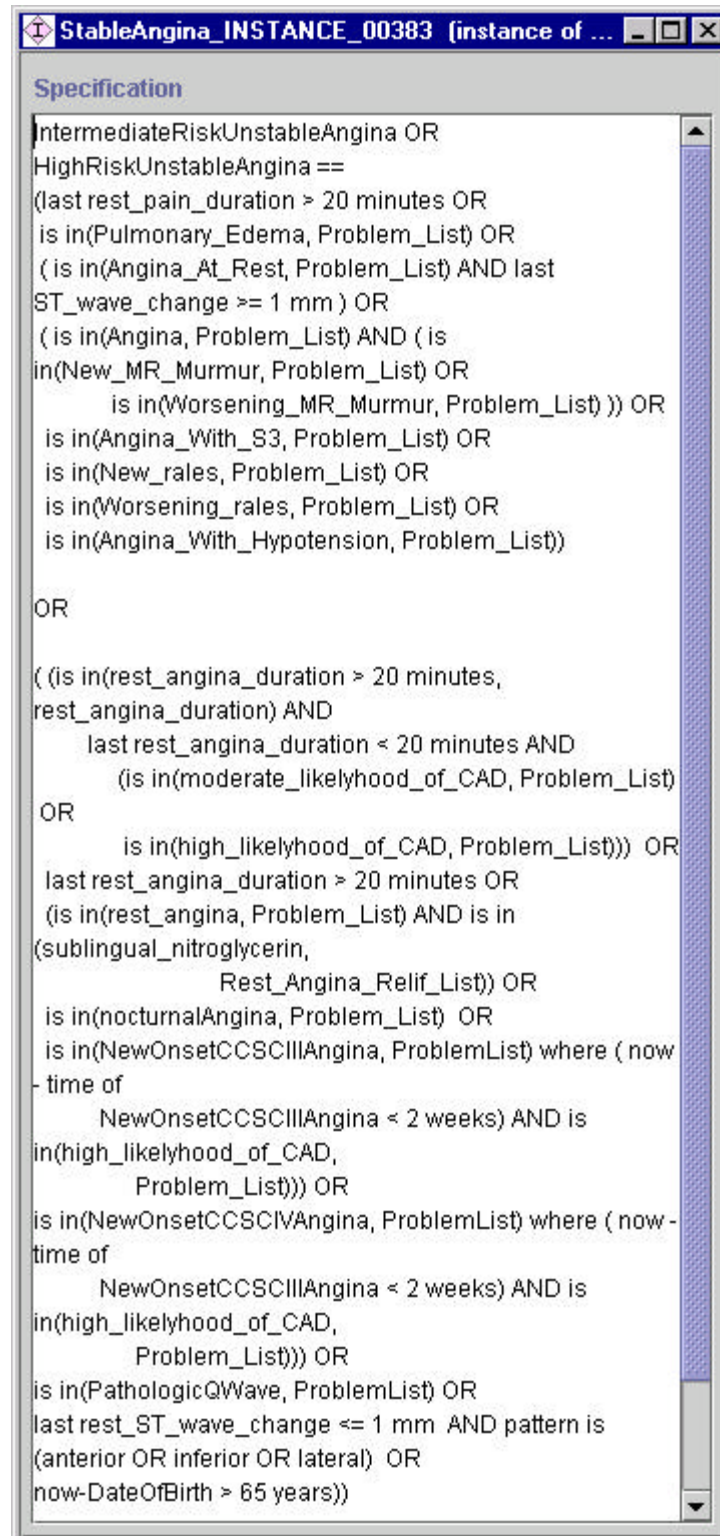


Figure 4. Specification of the criterion for the choice step “Intermediate or high risk unstable angina” of Figure 1

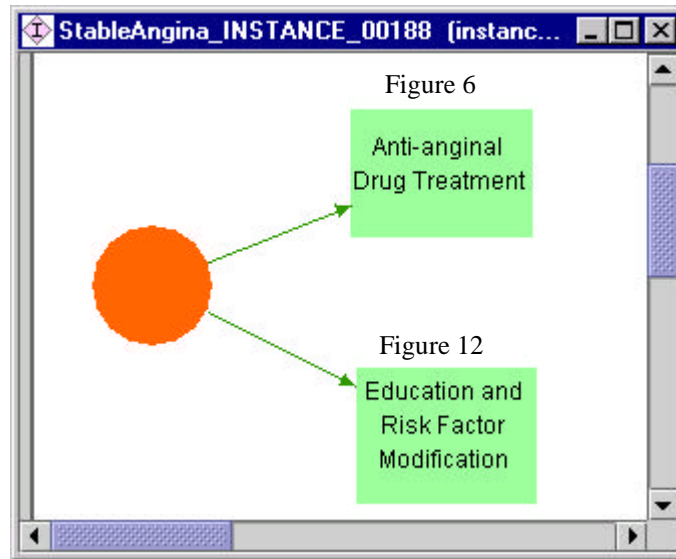


Figure 5. Zoom-in view of the Treatment action step of Figure 1

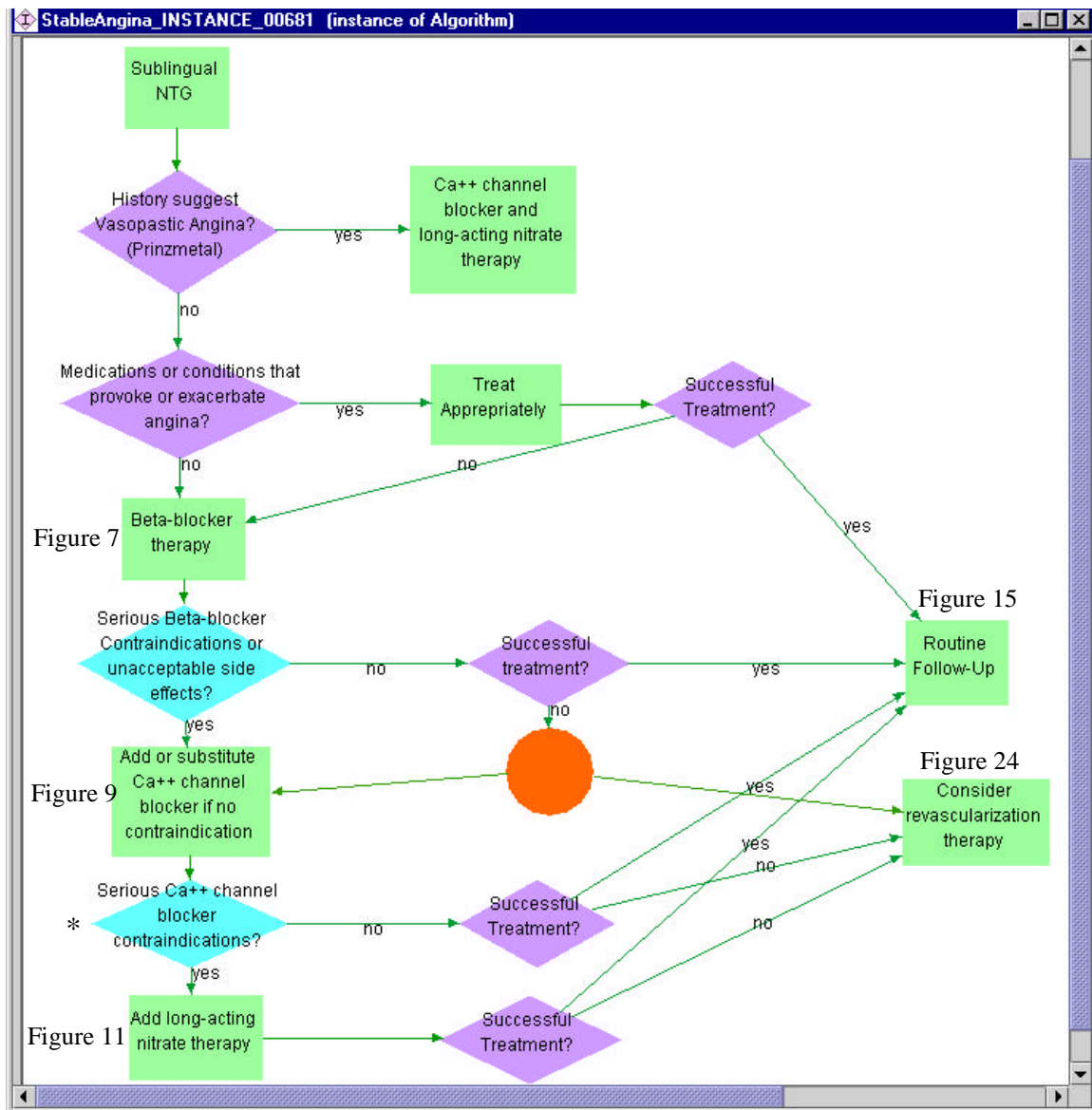


Figure 6. Zoom-in view of the “anti-anginal treatment” action step of Figure 5

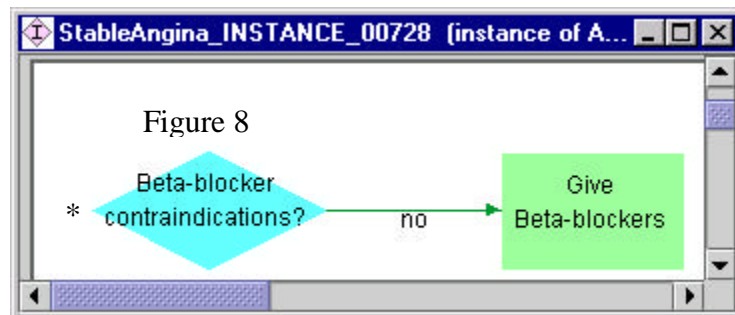


Figure 7. Zoom-in view of the “Beta-blocker therapy” action step of Figure 6

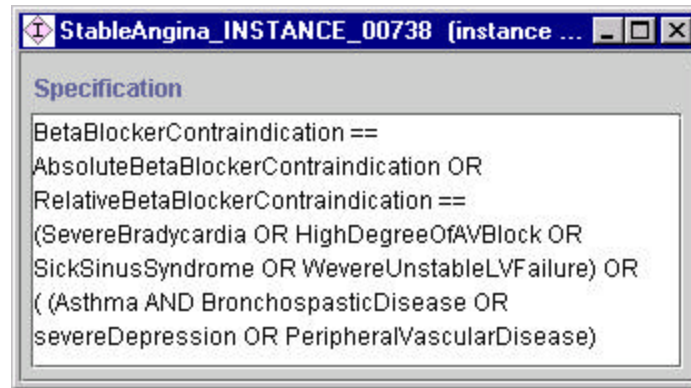


Figure 8. Specification of the criterion for the case step “Beta-blocker contraindications” of Figure 7

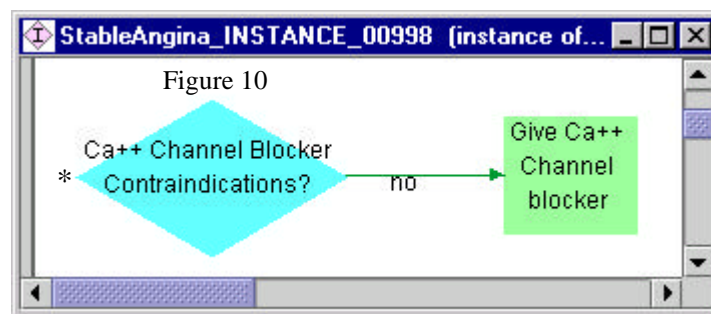


Figure 9. Zoom-in view of the “Add or substitute Ca++ Channel Blocker if no contraindication” action step of Figure 6

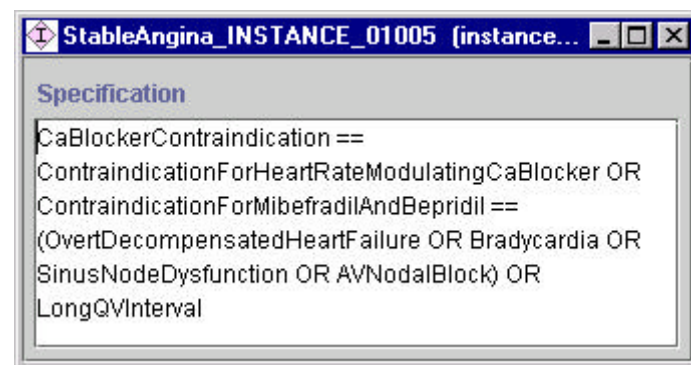


Figure 10. Specification of the criterion for the choice step “Ca++ Channel Blocker Contraindications” case step of Figure 9

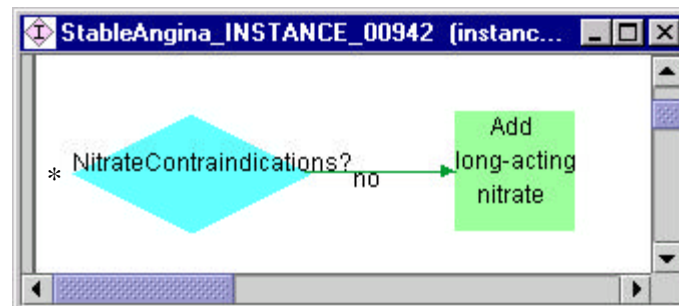


Figure 11. Zoom-in view of the “Add long-acting nitrate therapy” action step of Figure 6

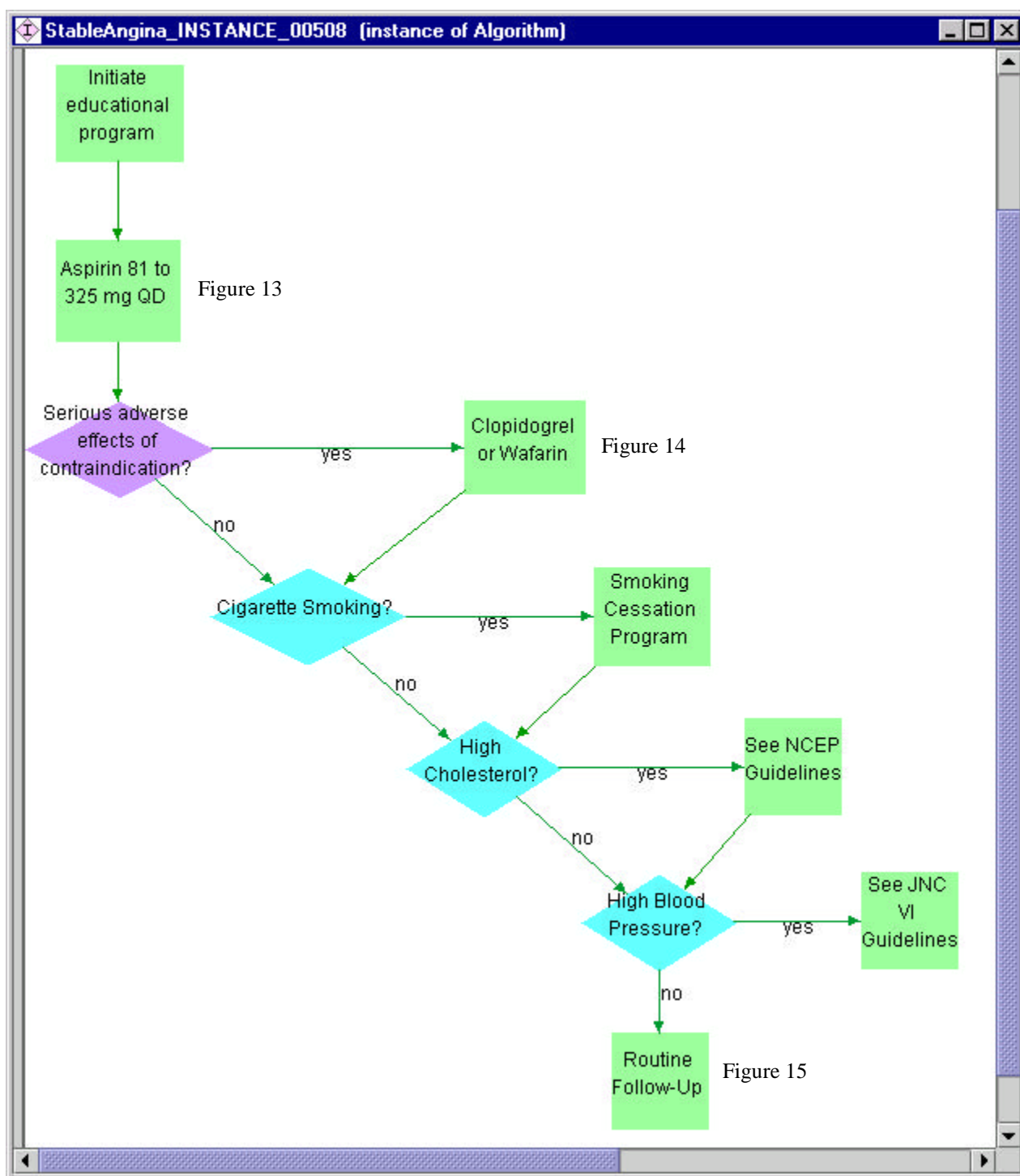


Figure 12. Zoom-in view of the “Education and risk factor modification of Figure 5

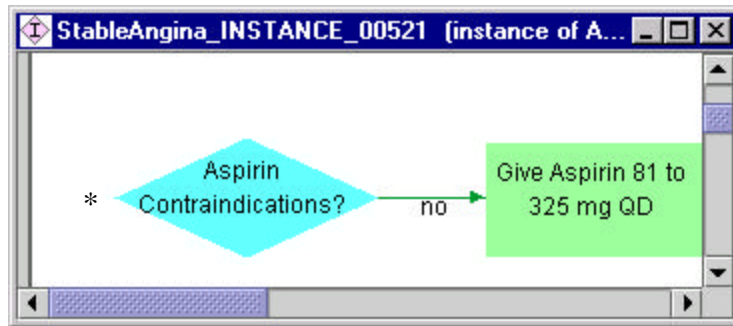


Figure 13. Zoom-in view of the “Aspirin 81 to 325 mg QD” Action step of Figure 12

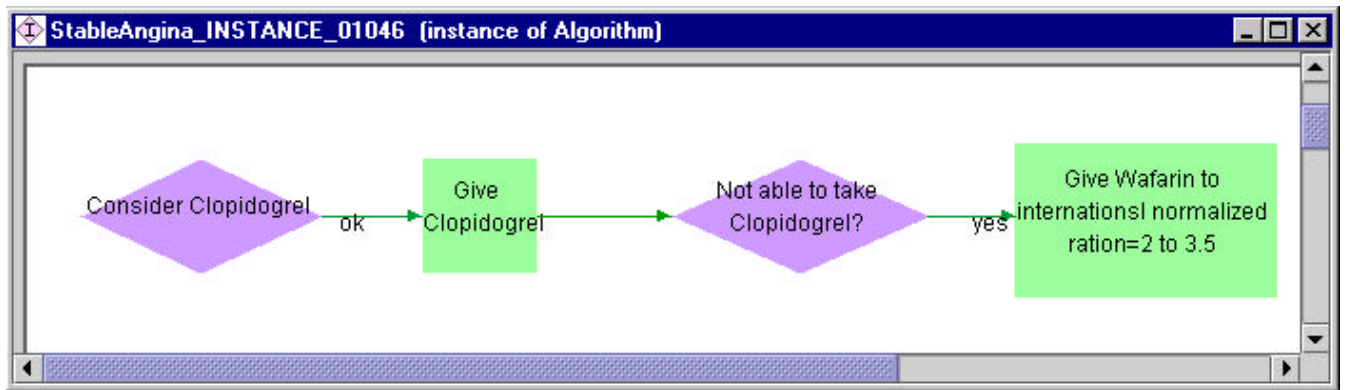


Figure 14. Zoom-in view of the “Clopidogrel or Warfarin” action step of Figure 12

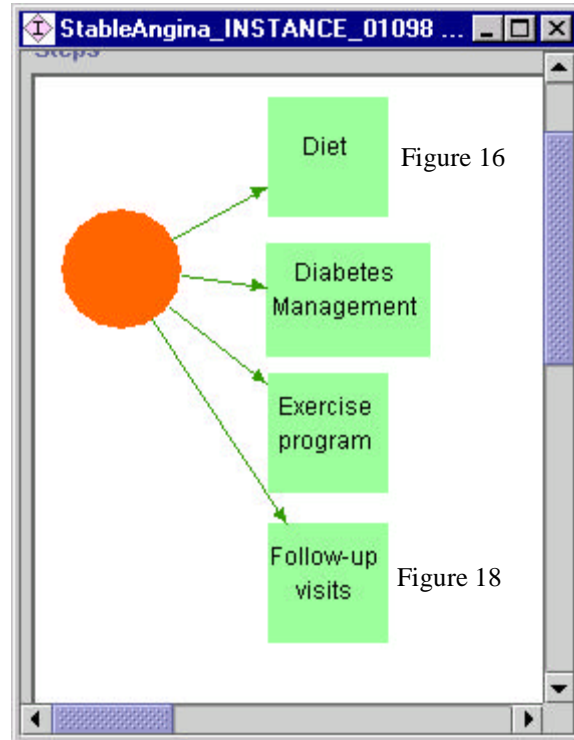


Figure 15. Zoom-in view of the “Routine Follow-up” Action step of Figure 6 and Figure 12

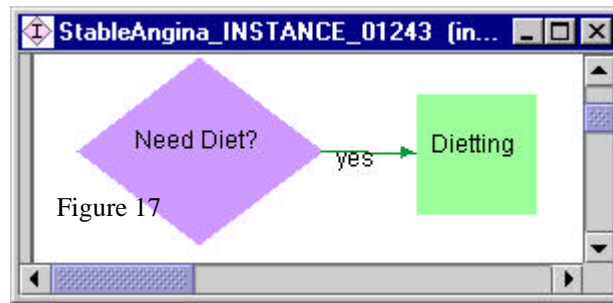


Figure 16. Zoom-in view of the “Diet” action step of Figure 16

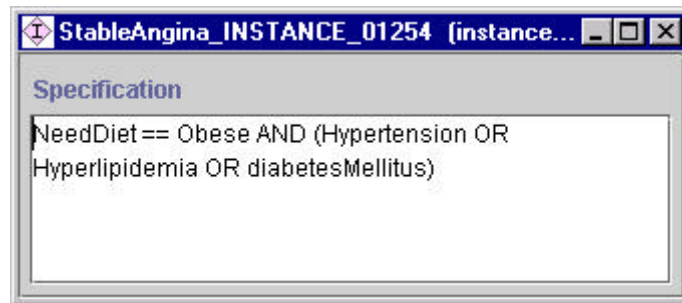


Figure 17. Specification of the criterion for the “Need Diet?” choice step of Figure 16

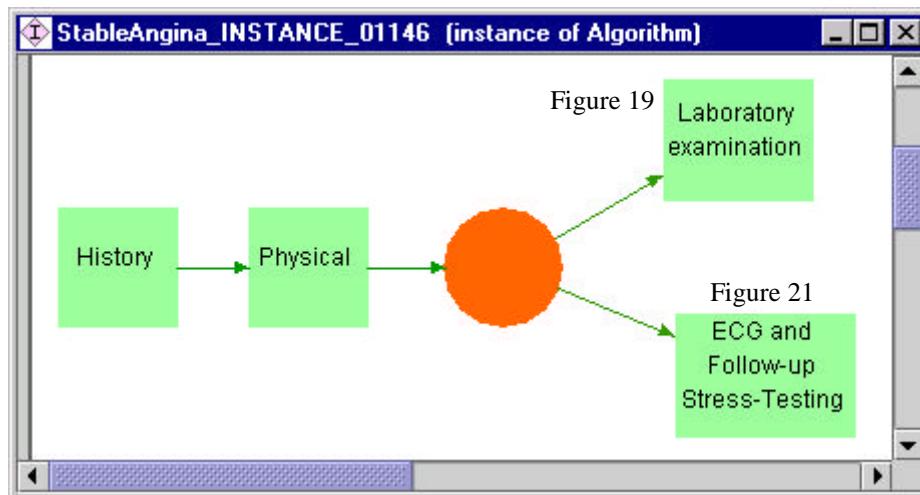


Figure 18. Zoom-in view of the “Follow-up visits” action step of Figure 15

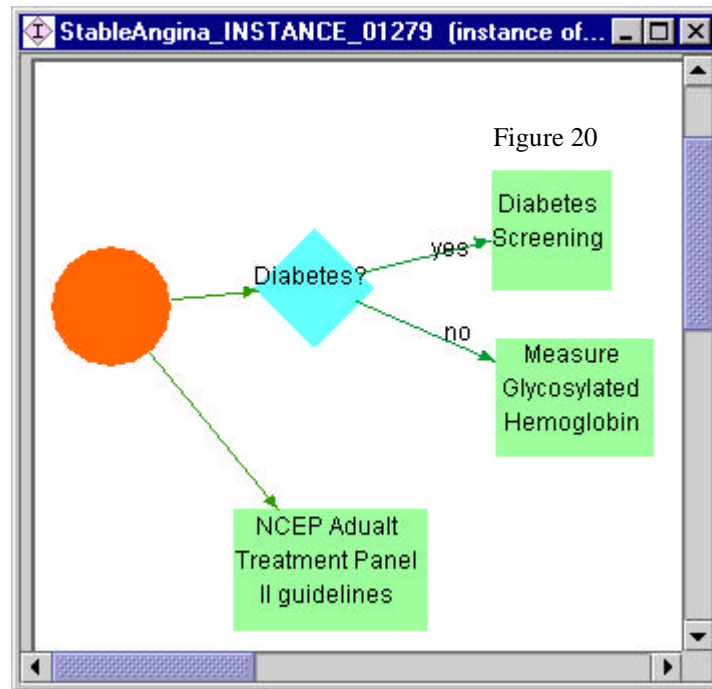


Figure 19. Zoom-in view of the “Laboratory examination” of Figure 18

Name			
every three years			
Frequency	V	C	+ -
three years			
Stopping Condition	V	C	+ -
Patient off guideline			
Abort Condition	V	C	+ -

Figure 20. Iteration specification of the “Diabetes screening” action step of Figure 19

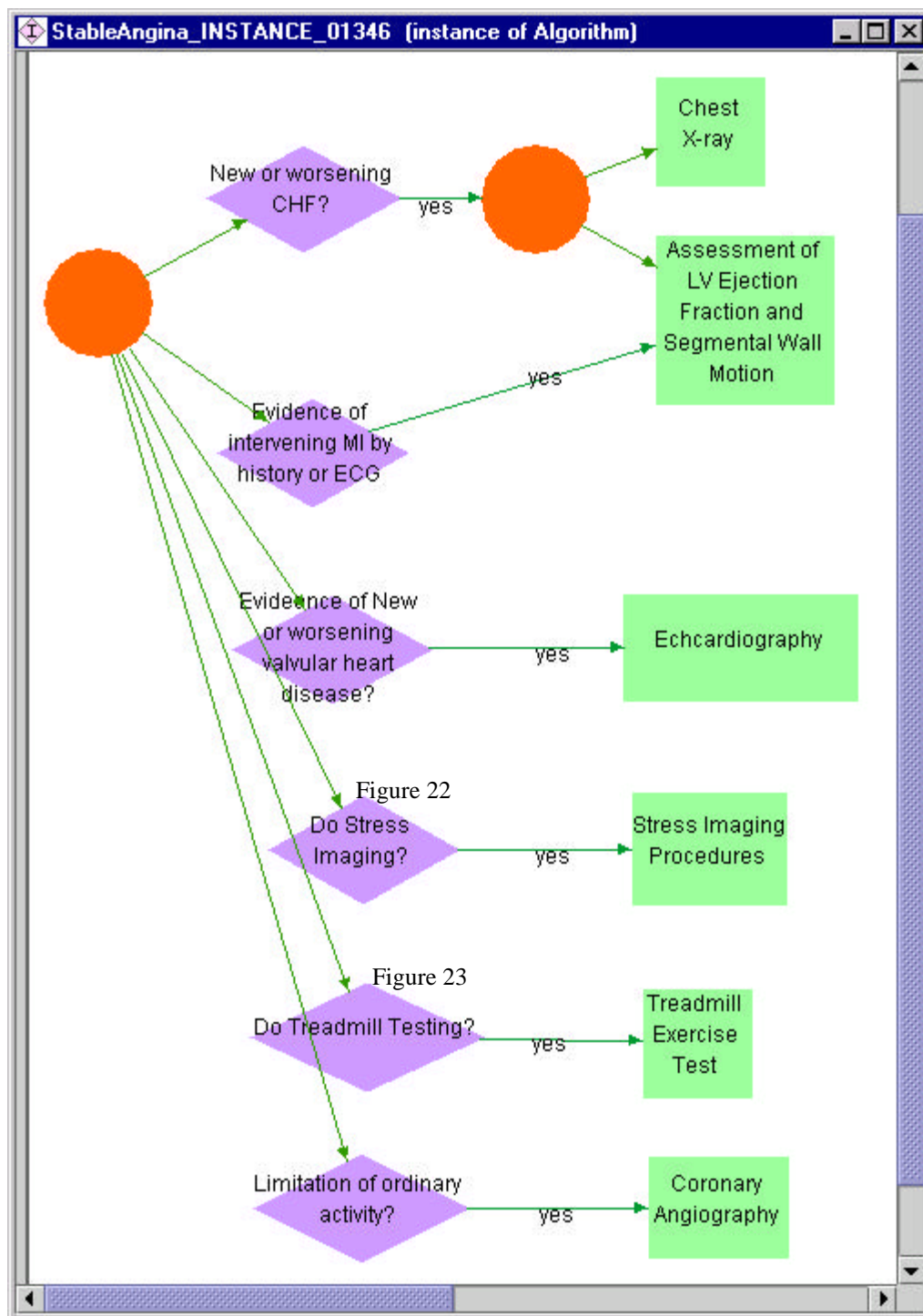


Figure 21. Zoom-in view of the “ECG and Follow-up testing” action step of Figure 18

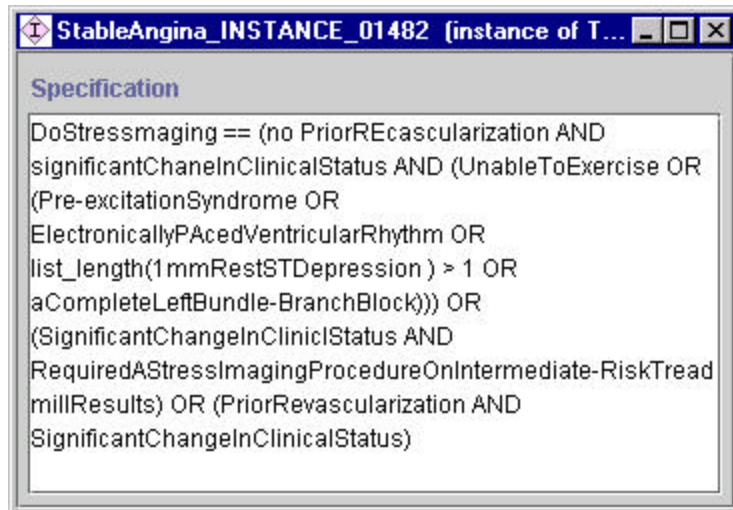


Figure 22. Specification of the criterion for the “Do Stress Imaging?” choice step of Figure 21

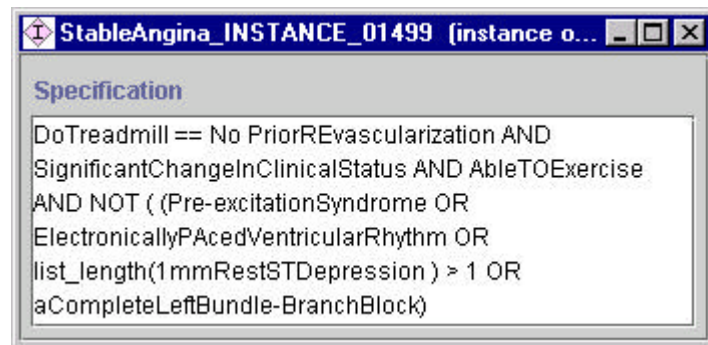


Figure 23. Specification of the criterion for the “Do Treadmill testing?” choice step of Figure 21

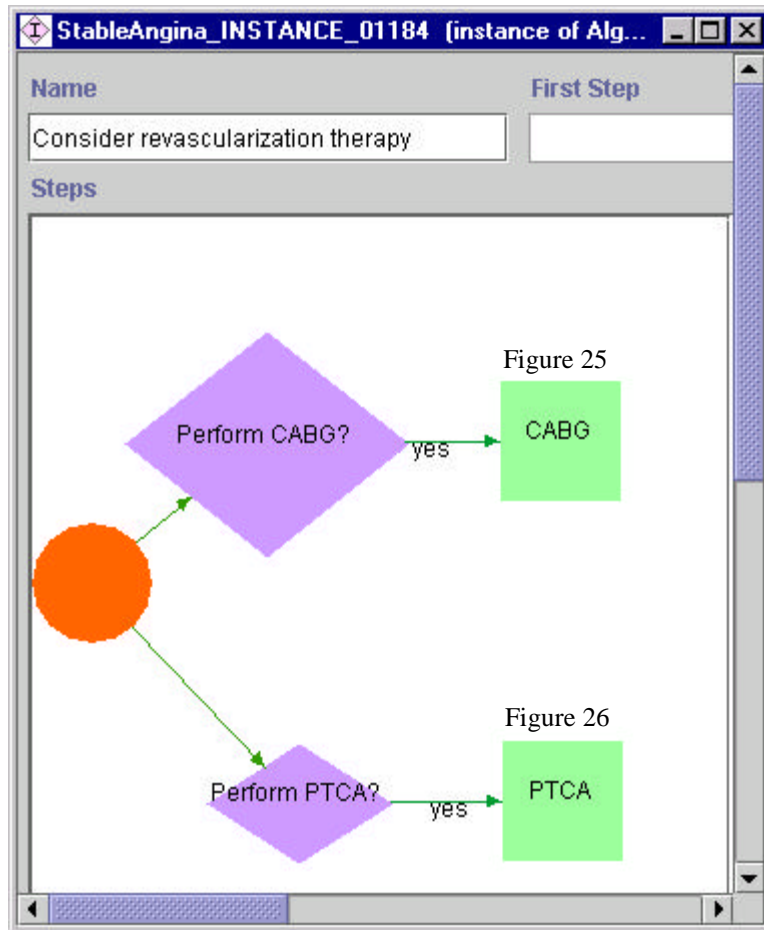


Figure 24. A zoom-in view of the “Consider revascularization therapy” action step of Figure 6

Specification
PerformCABG == SifnificantLeftMainCoronaryDisease OR Three-Vessel_Disease OR (Two-Vessel_Disease AND Significant_ProximalLeftAnteriorDescendingCAD AND (AbnoramlLVFunction OR IschemiaOnNoninvasiveTesting)) OR ((One-Vessel_CAD OR Two-Vessel_CAD) AND NoSignificantProximalLeftAnteriorDescendingCAD AND (SurvivedSuddenCardiacDeath OR SurvivedSustainedVentricularTachycarida)) OR (not CABG AND (One-Vessel_CAD OR Two-Vessel_CAD) AND no SignificantProximalLeftAnteriorDescendingCAD AND LargeAreaOfViableMyocardium AND HighRiskCriteriaOnNoninvasiveTesting) OR (no PTCA AND no SuccessfulTreatmentByMedicalTherapy AND CanUndergoRevascularizationWithAcceptableRisk) OR MultipleSaphenousVeinGraftStenoses OR (no PTCA AND (One-Vessel_CAD OR Two-Vessel_CAD) AND no SignificantProximalLADDisease AND ModerateAreaOfViable Myocardium AND DemonstartedIschemiaOnNoninvasiveTEsting) OR (no PTCA ADN One-Vessel_Disease AND SignificantProximalLADDisease)

Figure 25. specification of the criterion for the Perform CABG? Choice of Figure 24

PerformPTCA == ((Two-Vessel_Disease OR Three-Vessel_Disease) AND SignificantProximalLeftAnteriorDescendingCAD AND AnatomicallySuitableForCathter-BasedTherapy AND NormalLVFunction AND no TreatedDiabetes) OR ((One-Vessel_CAD OR Two-Vessel_CAD) AND NoSignificantProximalLeftAnteriorDescendingCAD AND (SurvivedSuddenCardiacDeath OR SurvivedSustainedVentricularTachycarida)) OR (no CABG AND no SuccessfulTreatmentByMedicalTherapy AND CanUndergoRevascularizationWithAcceptableRisk) OR MultipleSaphenousVeinGraftStenoses OR (no CABG AND (One-Vessel_CAD OR Two-Vessel_CAD) AND no SignificantProximalLADDisease AND ModerateAreaOfViable Myocardium AND DemonstartedIschemiaOnNoninvasiveTEsting) OR (no CABG ADN One-Vessel_Disease AND SignificantProximalLADDisease)

Figure 26. specification of the criterion for the Perform PTCA? Choice of Figure 24