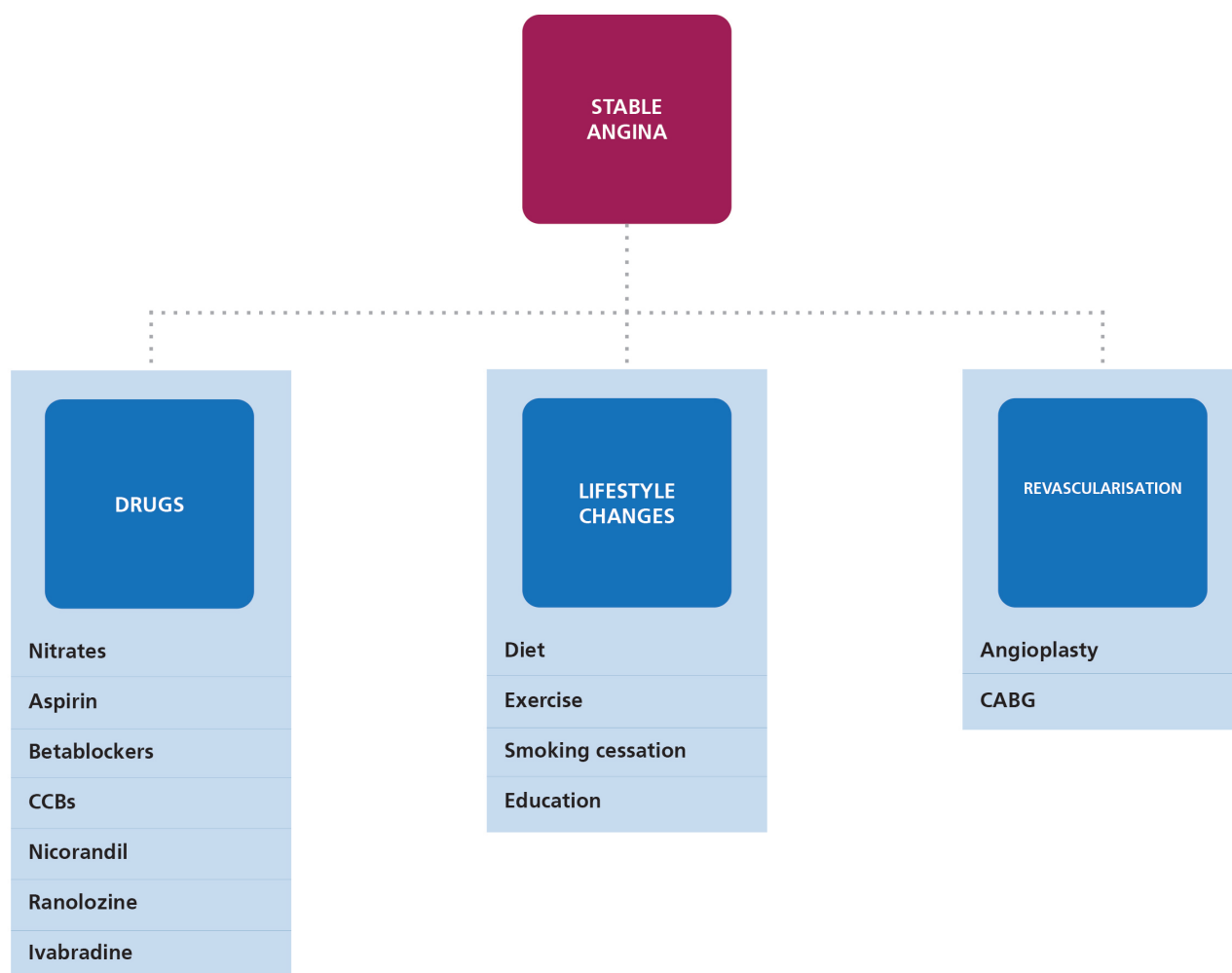


Deciding what to do about stable angina

This short decision aid is to help you decide what to do about your stable angina. You can use it on your own, or with your doctor, to help you make a decision about what's right for you at this time.

There are three main options for treating stable angina. The choices are:

- **Lifestyle changes.** This means learning more about stable angina, exercising, healthy eating, and stopping smoking tobacco
- **Medical treatment** (drugs)
- **Revascularisation** to improve blood flow to your heart. The two main types of revascularisation for stable angina are angioplasty and coronary artery bypass graft (CABG).



What are my options?

	Lifestyle changes	Medical treatment (drugs)	Revascularisation
What is the treatment?	Lifestyle changes are things you can do yourself to improve your general health. There are some lifestyle changes that you can do to help improve your stable angina. These include learning more about angina, learning more about healthy living, stopping smoking tobacco, losing weight if you need to, exercising more, and eating more healthily.	<p>Medical treatment means taking drugs (medicines) to treat stable angina. You can combine medical treatment with healthy lifestyle changes.</p> <p>There are two groups of drugs for stable angina. Anti-anginal drugs help prevent you from getting angina symptoms and also treat your angina symptoms when you do get them. These include beta-blockers, calcium-channel blockers, and nitrates. Secondary prevention drugs reduce your chances of having a heart attack or stroke by affecting the way your heart and blood vessels work. They do not prevent or treat your symptoms. The main drugs for secondary prevention are statins and aspirin.</p>	<p>The two main types of revascularisation are angioplasty and coronary artery bypass graft (CABG).</p> <p>Coronary angioplasty widens your arteries to make it easier for blood to flow to your heart. During the procedure, a surgeon inflates a tiny balloon attached to the end of thin tube to widen the artery. Most people who have an angioplasty also have a small tube (stent) put into the artery to keep it open.</p> <p>CABG (pronounced cabbage) is an operation to improve the blood flow to your heart. In a bypass operation, a surgeon takes parts of healthy blood vessels from another part of your body and uses them to take over from the narrowed arteries in your heart.</p>

	Lifestyle changes	Medical treatment (drugs)	Revascularisation
What is the effect on your angina symptoms?	People with angina who are educated about angina and living a healthy lifestyle have up to three fewer attacks of angina symptoms each week than with those who are not educated about angina and living a healthy lifestyle.[1] Their angina symptoms may be less severe and may last for a shorter amount of time.[2]	<p>People with angina who take angina drugs have between 3 in 10 and 7 in 10 fewer attacks of angina symptoms than those who don't take angina drugs.[3]</p> <p>Taking angina drugs may increase the time it takes before you can feel your angina symptoms come on.[4]</p> <p>Taking angina drugs may shorten by several minutes the length of time your angina symptoms last for.[5]</p>	<p>About 80 in 100 people with angina caused by multi-vessel disease who have angioplasty have no angina symptoms four years later.[6]</p> <p>About 87 in 100 people with angina caused by multi-vessel disease who have coronary artery bypass graft (CABG) surgery have no angina symptoms four years later.[7]</p> <p>In people with angina from single-vessel disease who have angioplasty or CABG surgery, between 61 in 100 and 69 in 100 have no angina symptoms five years later.[8]</p>

	Lifestyle changes	Medical treatment (drugs)	Revascularisation
What is the effect on how long you will live?	<p>Making healthy lifestyle changes, such as changing your diet and stopping smoking, can improve your chances of living longer.</p> <p>About 96 in 100 people with angina who learn more about their angina and about lifestyle changes are alive two years later, compared with about 92 in 100 who don't learn more about angina.[9]</p> <p>Angina is usually caused by coronary artery disease. People with coronary heart disease who give up smoking reduce their chance of dying within five years by just over a third.[10]</p>	<p>Taking secondary prevention drugs (medicines to keep your heart healthy), such as statins or aspirin, can reduce your chance of having a heart attack, stroke, or other heart problems. This may improve your chances of living longer.</p> <p>About 92 in 100 people with angina who take drugs for their angina are alive three years later.[11]</p>	<p>Angioplasty is used to treat the symptoms of angina, and will probably have no effect on how long you live.</p> <p>Coronary artery bypass graft (CABG) surgery may help prevent some people from having a heart attack or stroke in the future. This only applies to people with multi-vessel disease (blockages in more than one coronary artery). This may improve their chances of living longer. The research on this is not clear.</p>

	Lifestyle changes	Medical treatment (drugs)	Revascularisation
What other consequences does this treatment have?	<p>If you learn more about angina and healthy living you are likely to take exercise more often than if you don't learn more about angina and lifestyle changes.[12]</p> <p>People who learn more about angina and lifestyle changes say that their quality of life improves by about 13 points on a scale of 1 to 100 compared with people who don't learn about angina.[13]</p>	<p>Taking angina drugs may allow you to do more physical activities without getting any angina symptoms.[14]</p> <p>You may be able to do exercise for several minutes longer without getting any angina symptoms if you take angina drugs compared to if you don't.[15]</p> <p>We don't know if angina drugs have an effect on the quality of life of people with angina because very few studies have looked into this.</p>	<p>If revascularisation works for you, you should be able to do the things you normally do without getting any angina symptoms, such as exercise or other physical activities.</p> <p>If you have either angioplasty or CABG surgery you may see an improvement in your quality of life of between 30 and 34 points on a scale of 1 to 100 compared to if you don't have revascularisation. [16]</p> <p>If you have CABG surgery you need to go into hospital. The operation takes between three and five hours. You will then need to stay in hospital for about one week to recover. Full recovery from CABG surgery takes up to eight weeks.</p>

	Lifestyle changes	Medical treatment (drugs)	Revascularisation
What side effects or complications does this treatment have?	Giving up smoking tobacco may give you short-term side effects such as dizziness, insomnia, irritability, and headaches. You may also put on weight as your appetite returns.	Most drugs have side effects. For people who take angina drugs, between 15 in 100 and 50 in 100 get headaches.[17] [18] These headaches usually go away quite quickly. Between 1 in 100 and 6 in 100 people who take angina drugs have side effects such as bleeding, dizziness, and stomach upsets.[19]	There is a chance of side effects and complications with revascularisation. In people with angina who have CABG surgery, between 10 in 1,000 and 27 in 1,000 will have a stroke within one year.[20] This is between 2 in 1,000 and 6 in 1,000 in those who have angioplasty.[21]

	Lifestyle changes	Medical treatment (drugs)	Revascularisation
What is the effect on your heart and blood vessels?	Angina is usually caused by coronary artery disease. People with coronary heart disease who give up smoking tobacco cut their chance of having a non-fatal (doesn't lead to death) heart attack by about a third compared to those who continue to smoke. [22]	There are two groups of angina drugs and both of these have an affect on your heart and blood vessels. Some angina drugs work by lowering your resting heart rate (your heart rate when you are awake and at rest). Having a low resting heart rate usually means that you have a lower chance of having a heart attack. Having a high resting heart rate usually means that you have a higher chance of having a heart attack.[23] Secondary prevention drugs such as aspirin can reduce your chance of having a heart attack or stroke in the future. About 11 in 100 people with angina who take aspirin will have a heart attack, stroke, or other blood vessel problems after four years compared with 16 in 100 people who don't take aspirin.[24]	Much of the research on revascularisation is more than 25 years old.[25] Since then, new medicines have been used to treat heart disease. We do not know if revascularisation helps your heart and blood vessels more than medicines do.

What are the pros and cons of each option?

People with stable angina have different experiences about the health problem and views on treatment. Choosing the treatment option that is best for the patient means considering how the consequences of each treatment option will affect their life.

Here are some questions people may want to consider about treatment for stable angina:

- How important is it for them to have less pain than they have now?
- How important is it for them to improve their chances of living longer?
- How important is it for them to be able to do more physical activity?
- Would they rather avoid having revascularisation?
- Are they willing to try treatments that have a chance of causing a lot of side effects?
- How important is it for them to keep their heart healthy?