CARDIO RUN 2024
16ème CONGRÈS DE PATHOLOGIE CARDIO-VASCULAIRE
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Hôtel Saint Alexis ILE DE LA RÉUNION France

Le traitement des syndromes coronariens chroniques

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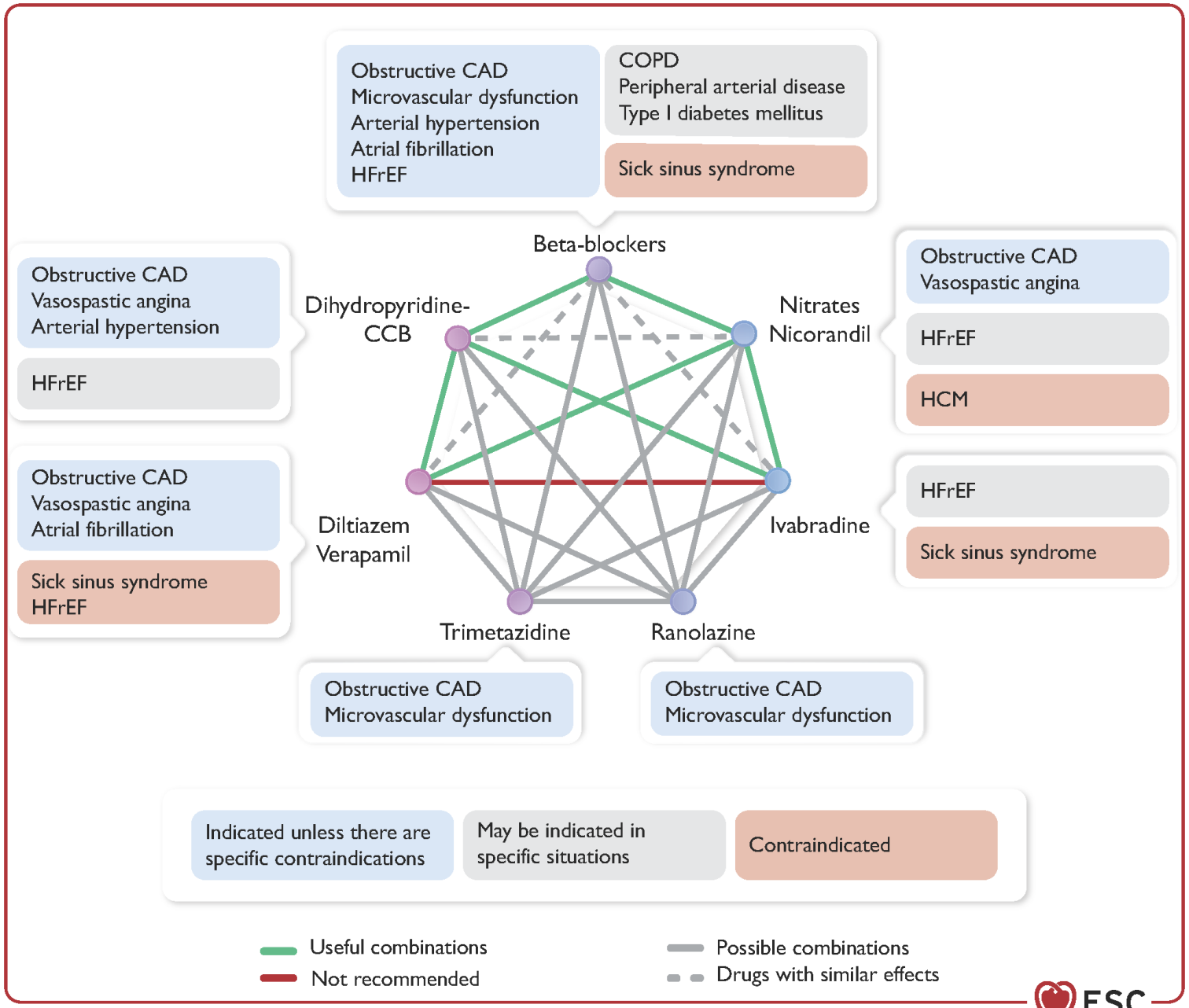
ACTION Group

DRUGS (antiischemic)



2024 ESC Guidelines for the management of chronic coronary syndromes (European Heart Journal; 2024 – doi: 10.1093/eurheartj/ehae177)

DRUGS (antiplatelet)

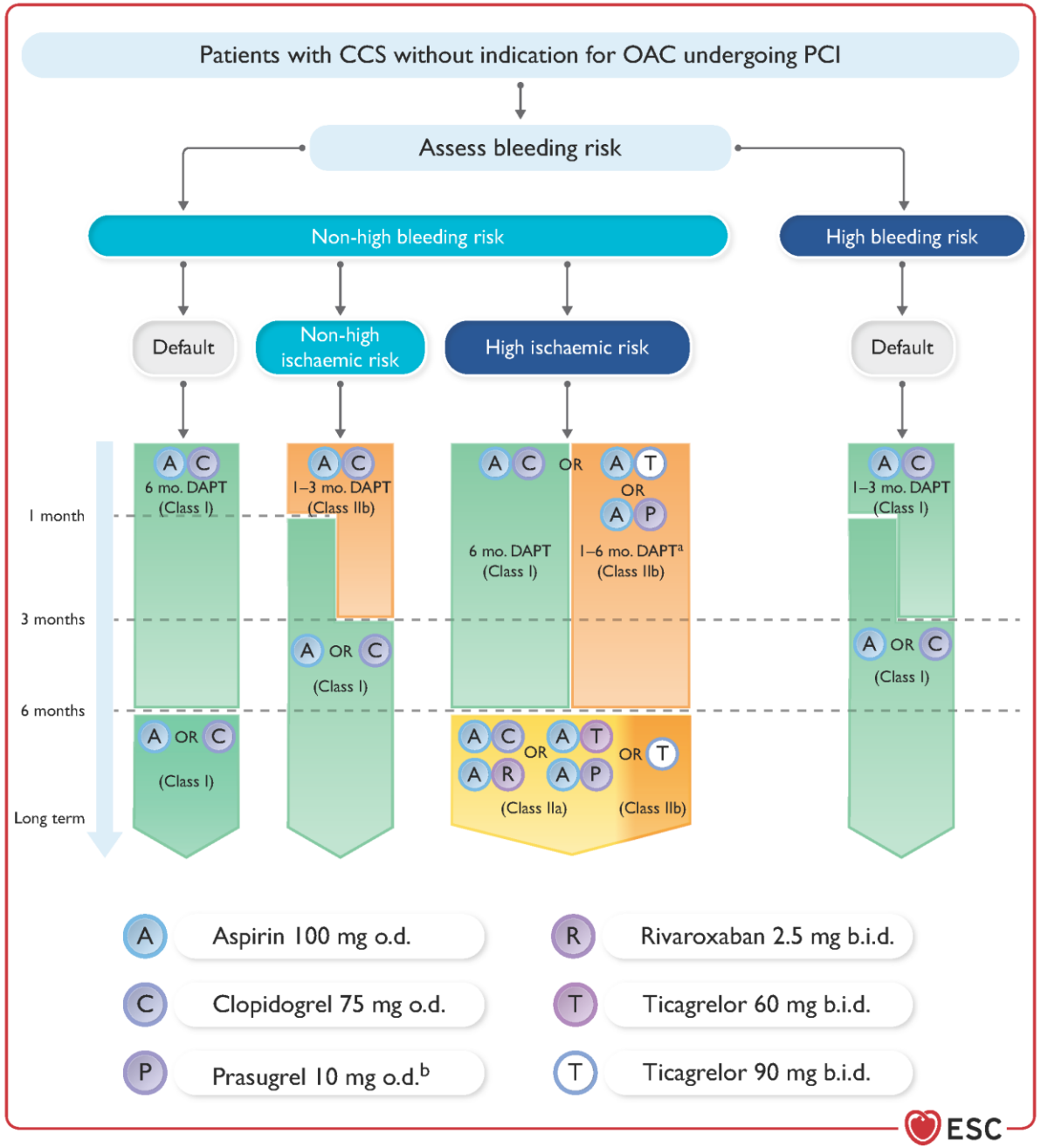
In patients *without* prior MI or revascularization but with evidence of significant obstructive CAD, aspirin 75–100 mg daily is recommended lifelong.	I	B

Recommendations	Class	Level
Antithrombotic therapy in patients with chronic coronary syndrome		
Long-term antithrombotic therapy in patients with chronic coronary syndrome and no clear indication for oral anticoagulation		
In CCS patients with a prior MI or PCI, clopidogrel 75 mg daily is recommended as a safe and effective alternative to aspirin monotherapy.	I	A
After CABG, aspirin 75–100 mg daily is recommended lifelong.	I	A
In CCS patients *without* prior MI or revascularization but with evidence of significant obstructive CAD, aspirin 75–100 mg daily is recommended lifelong.	I	B

DRUGS (antilipidic)

Recommendations	Class	Level
Lipid-lowering treatment with an LDL-C goal of <1.4 mmol/L (55 mg/dL) and a ≥50% reduction in LDL-C vs. baseline is recommended.	I	A
A high-intensity statin up to the highest tolerated dose to reach the LDL-C goals is recommended for all patients with CCS.	I	A
If a patient's goal is not achieved with the maximum tolerated dose of statin, combination with ezetimibe is recommended.	I	B
For patients who are statin intolerant and do not achieve their goal on ezetimibe, combination with bempedoic acid is recommended.	I	B
For patients who do not achieve their goal on a maximum tolerated dose of statin and ezetimibe, combination with a PCSK9 inhibitor is recommended.	I	A
For patients who do not achieve their goal on a maximum tolerated dose of statin and ezetimibe, combination with bempedoic acid should be considered.	IIa	C
For patients with a recurrent atherothrombotic event (not necessarily of the same type as the first event) while taking maximally tolerated statin therapy, an LDL-C goal of <1.0 mmol/L (<40 mg/dL) may be considered.	IIb	B

PCI



In CCS patients undergoing high-thrombotic risk stenting (e.g. complex left main stem, 2-stent bifurcation, suboptimal stenting result, prior stent thrombosis, previously known CYP2C19 *2/*3 polymorphisms), prasugrel or ticagrelor (in addition to aspirin) may be considered instead of clopidogrel, for the first month, and up to 3–6 months.	IIb	C

Circulation

FRONTIERS

Same work to be done for CCS

Demystifying the Contemporary Role of 12-Month Dual Antiplatelet Therapy After Acute Coronary Syndrome

Marco Valgimigli, MD, PhD; Antonio Landi, MD; Dominick J. Angiolillo, MD, PhD; Usman Baber, MD; Deepak L. Bhatt, MD, MPH, MBA; Marc P. Bonaca, MD MPH; Davide Capodanno, MD, PhD; David J. Cohen, MD, MSc; C. Michael Gibson, MD; Stefan James, MD, PhD; Takeshi Kimura, MD; Renato D. Lopes, MD, PhD; Shamir R. Mehta, MD; Gilles Montalescot, MD; Dirk Sibbing, MD; P. Gabriel Steg, MD; Gregg W. Stone, MD; Robert F. Storey, MD, DM; Pascal Vranckx, MD, PhD; Stephan Windecker, MD; Roxana Mehran, MD

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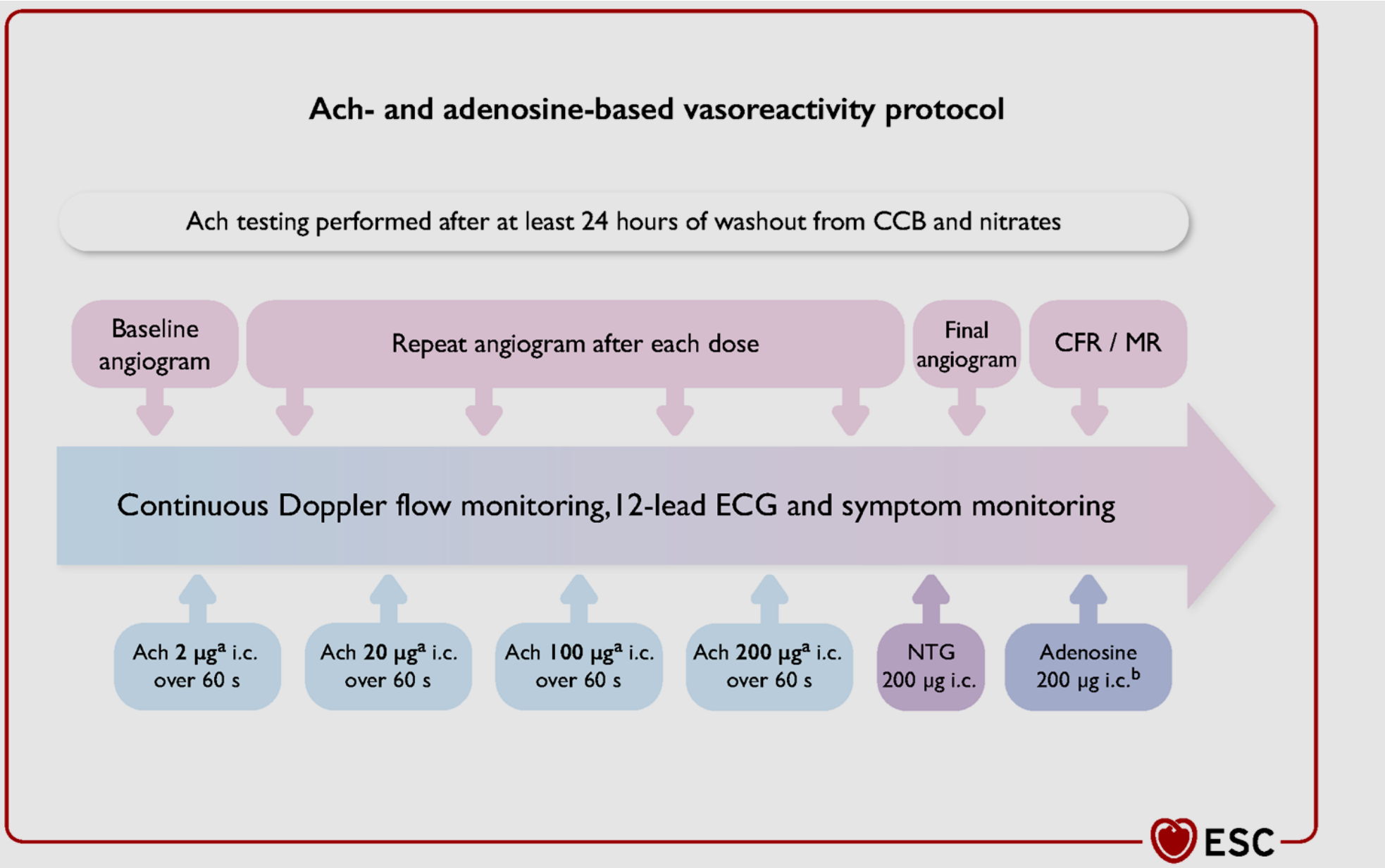
Functional testing



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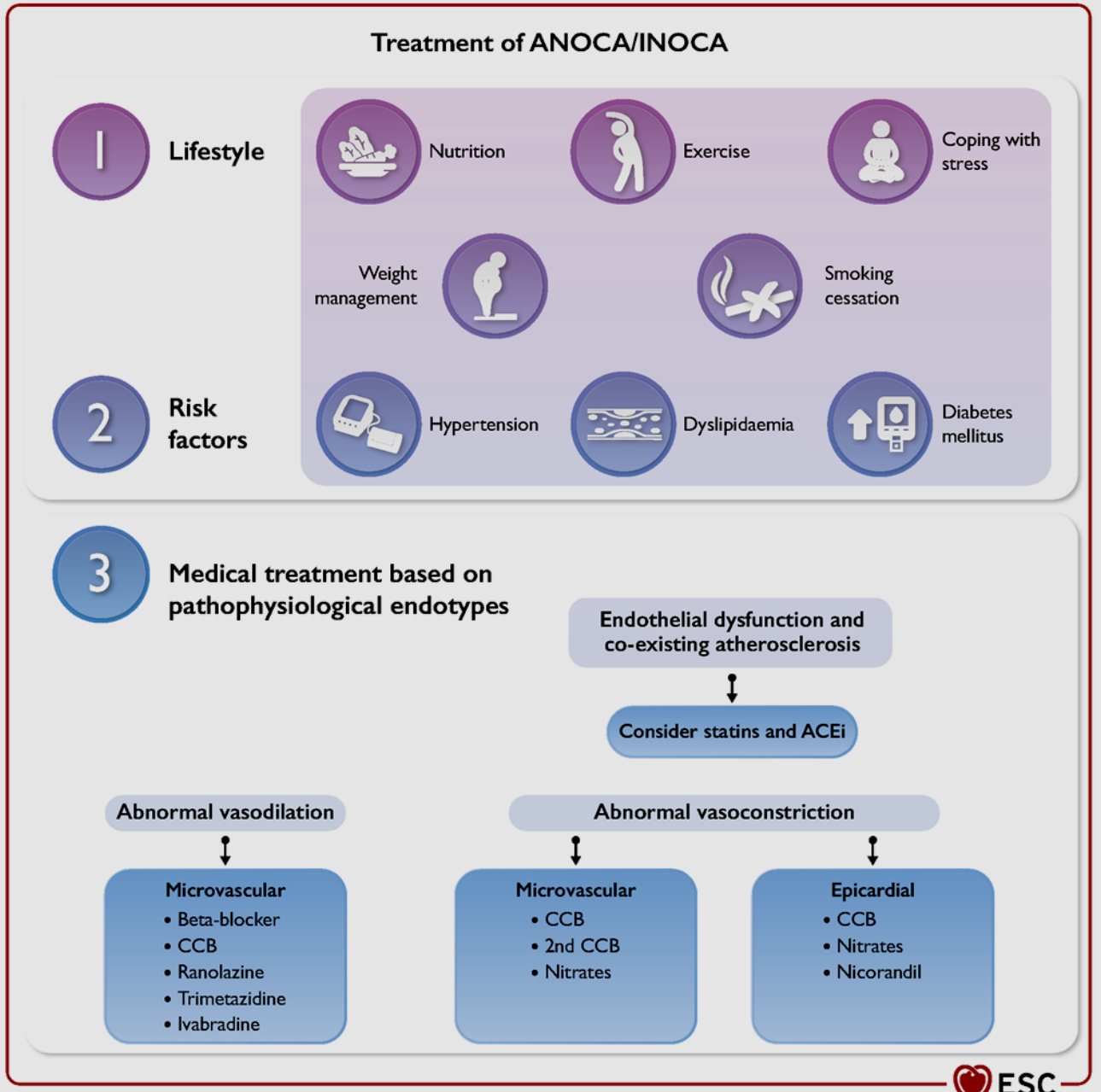
Drugs for ANOCA



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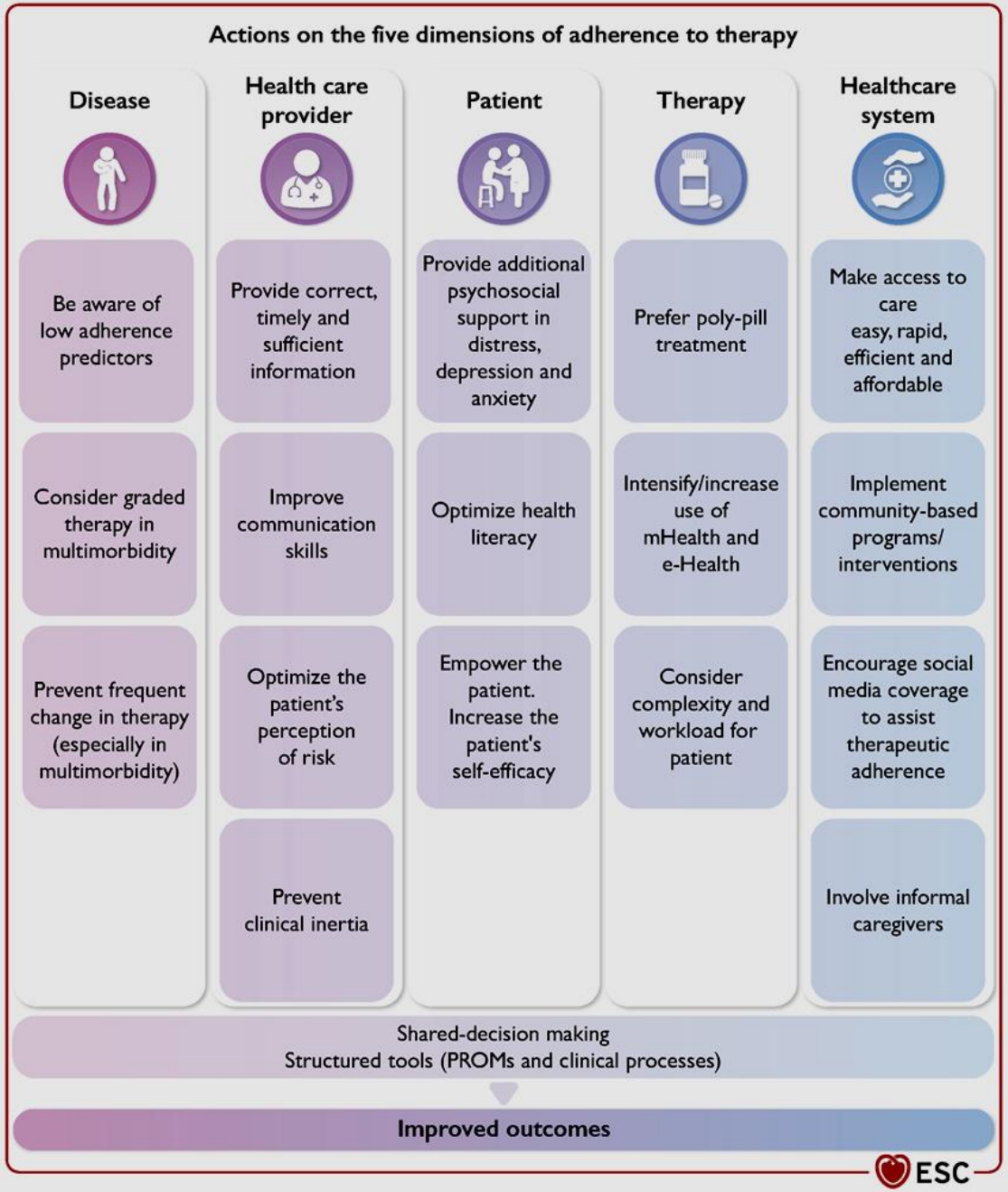
Manage adherence



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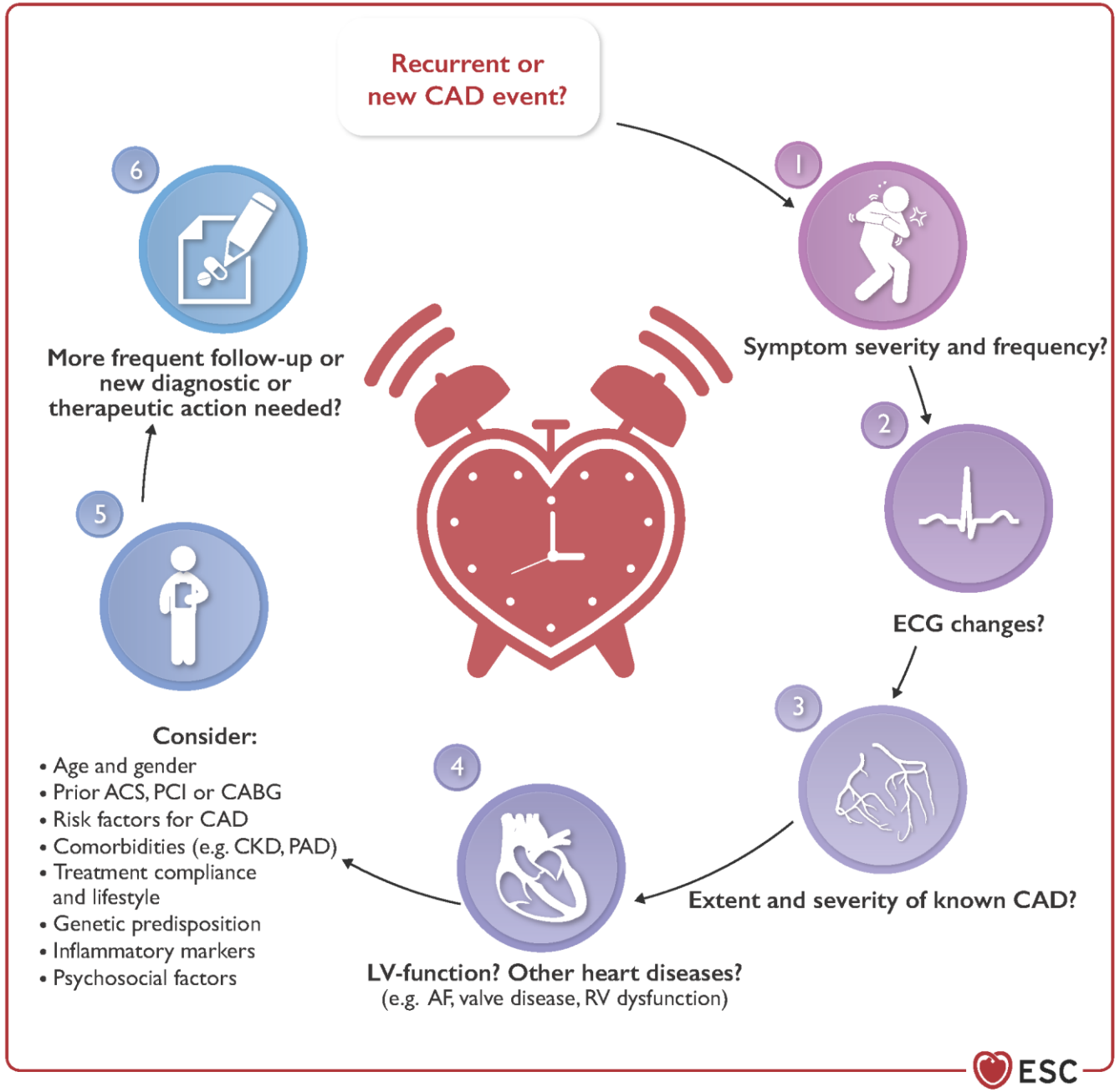
Follow-up



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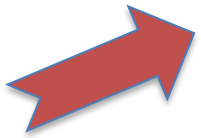
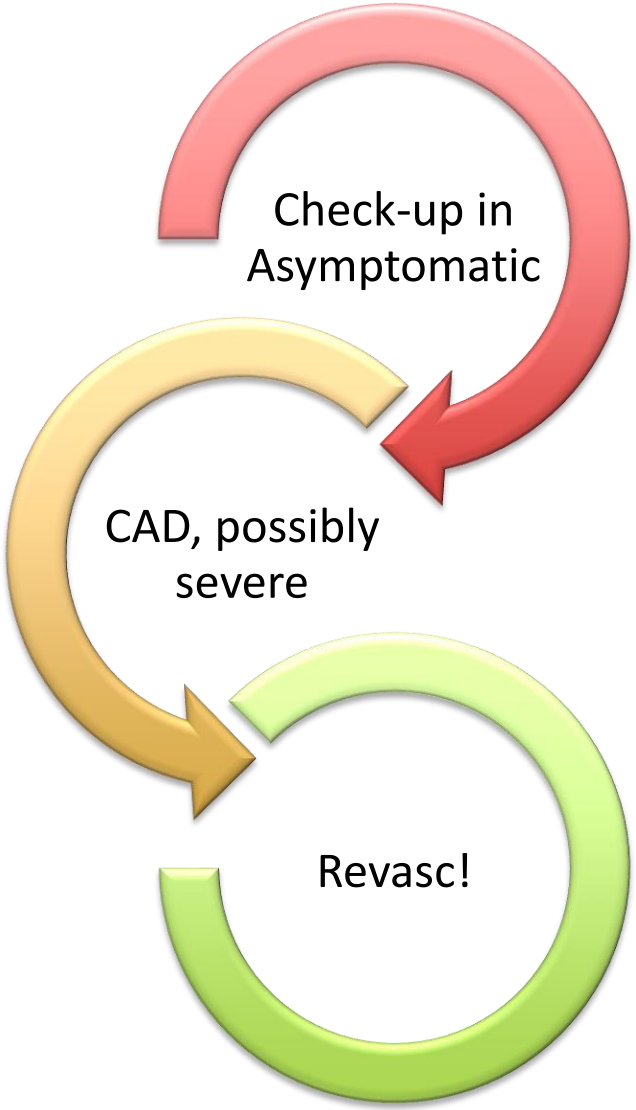
Angina or equivalent
with no obstructive CAD
(ANOCA/INOCA)

Asymptomatic with abnorma
coronary anatomical
or functional test



Asymptomatic Severe Coronary Artery Disease

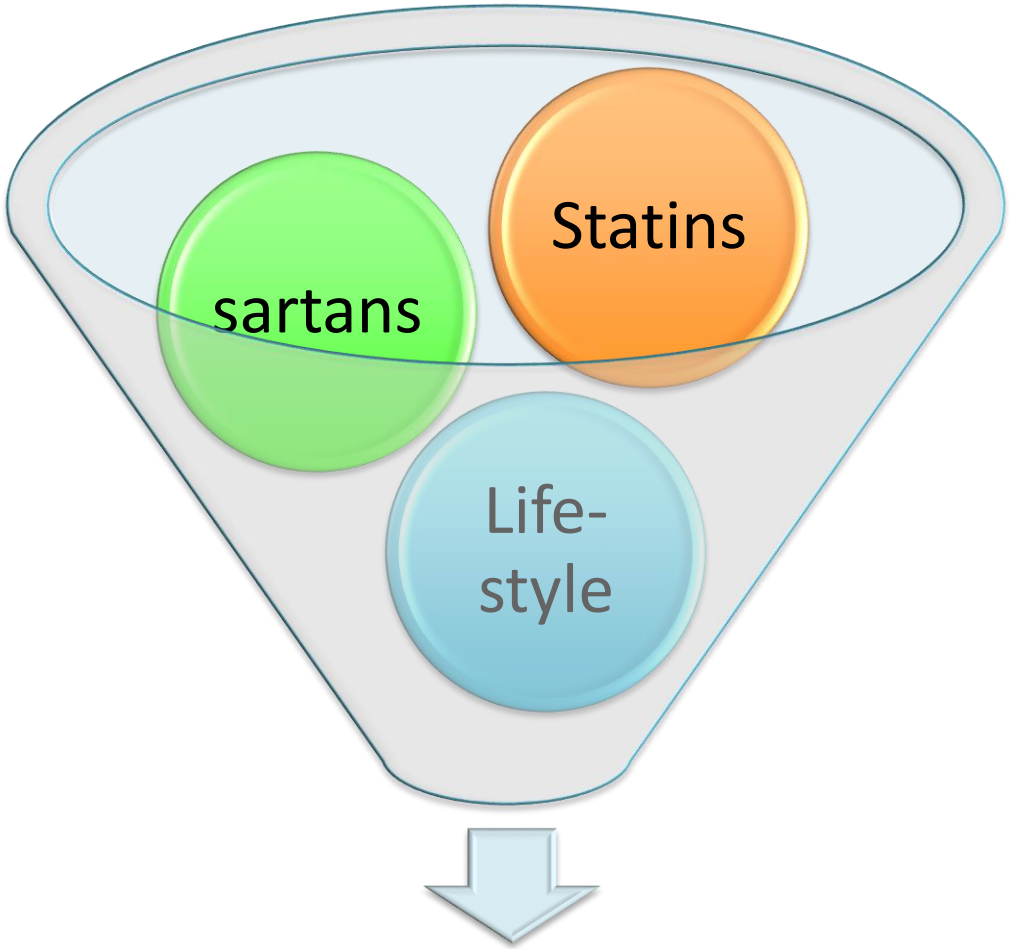
One stop shop



To be repeated

VS.

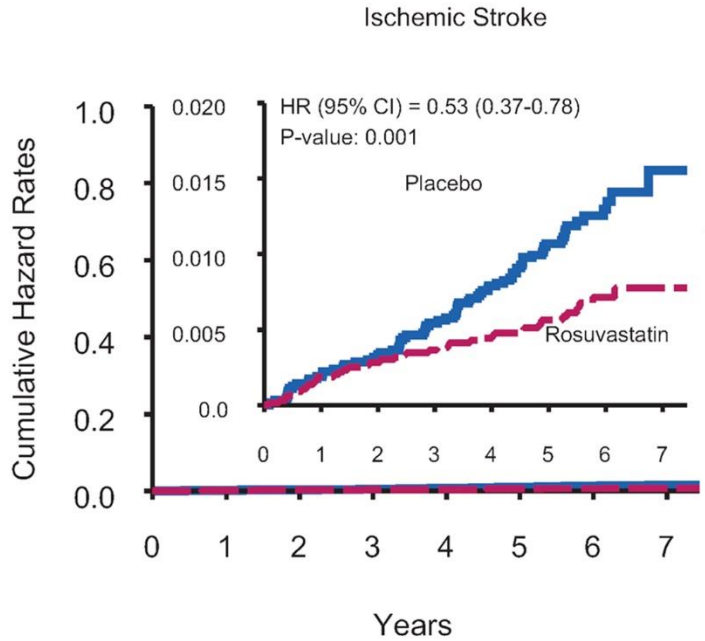
One life-time prevention



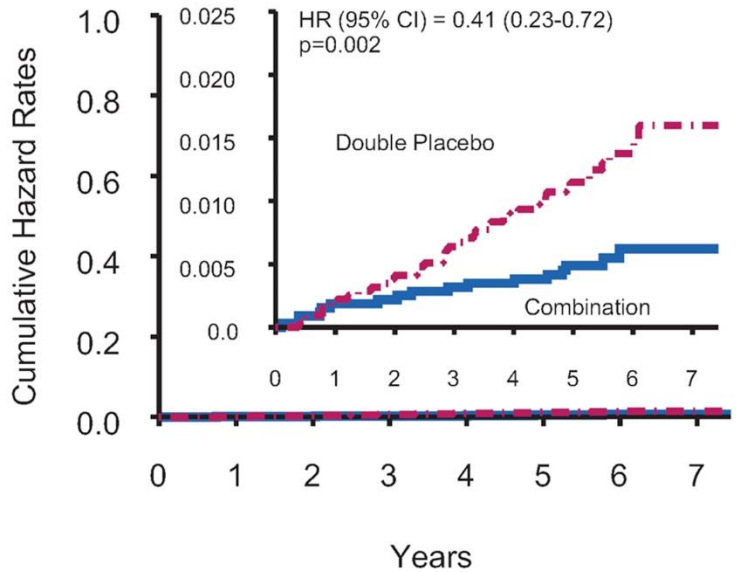
Discrimate the need

For those at intermediate risk of cardiovascular disease, 5.5 years of treatment with:

HOPE 3



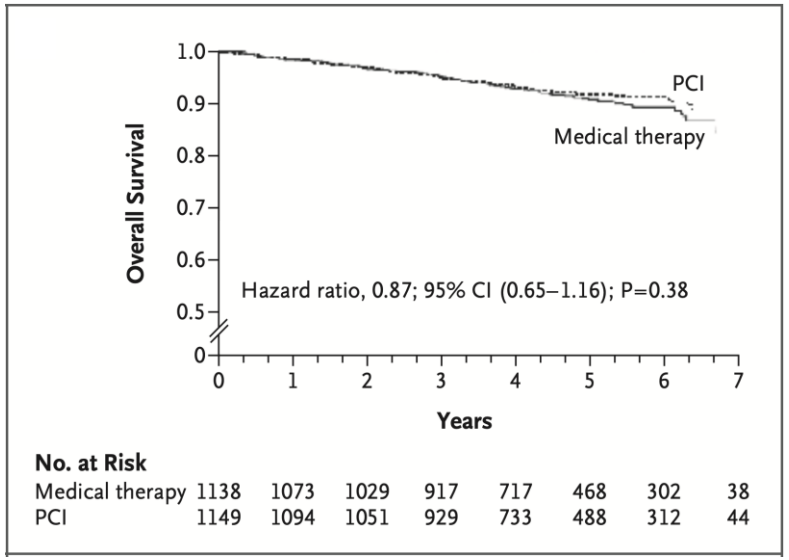
rosuvastatin reduces the risk of ischemic stroke by 47%



rosuvastatin + *candesartan* + *hydrochlorothiazide* reduces the risk of ischemic stroke by 59%

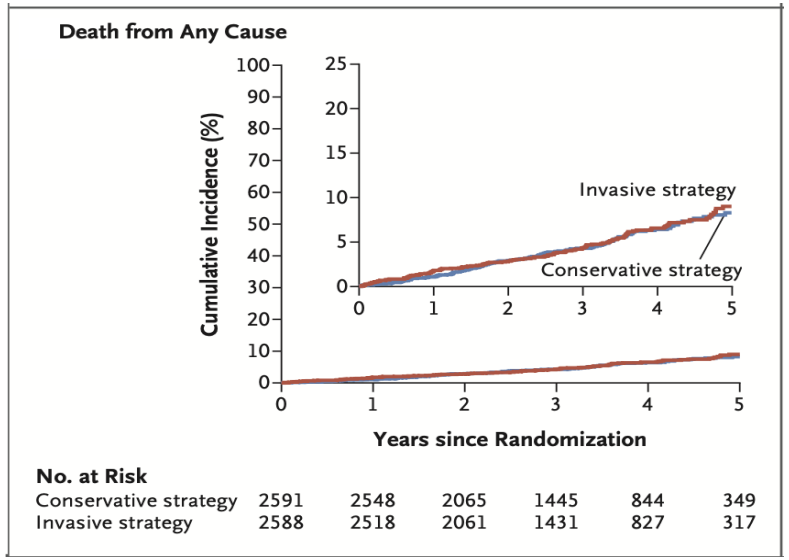
The evidence base for prognostic revascularization in stable CAD

COURAGE



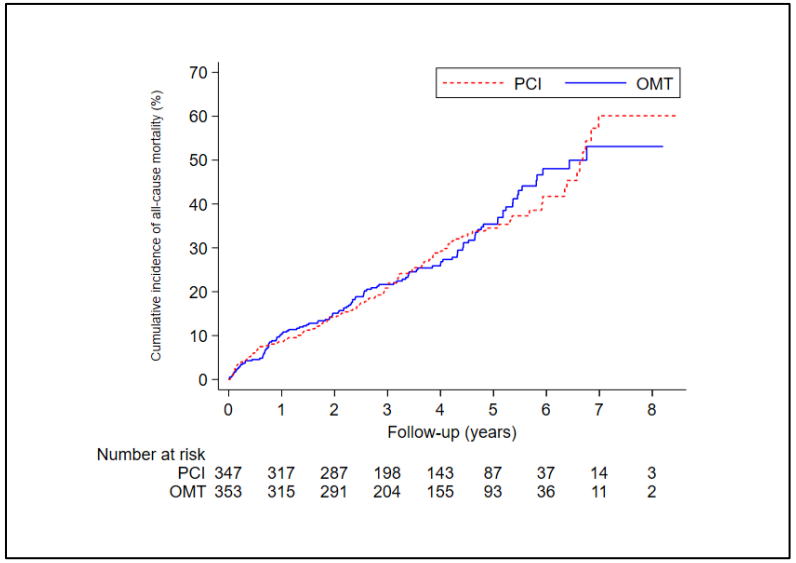
Excluded poor LV
Excluded LMS or Prox LAD
Excluded strongly positive ETT

ISCHEMIA



Excluded poor LV
Excluded LMS

REVIVED



LVEF <35%
14% LMS

Le traitement des syndromes coronariens chroniques passe par la prévention avant, après et même sans scanner coronaire!