

The following recommendations were highlighted by the guideline development group as key areas of update that should be prioritised for implementation.

Diagnosis and assessment

R Computerised tomography-coronary angiography should be considered for the investigation of patients with chest pain in whom the diagnosis of stable angina is suspected but not clear from history alone.

R In patients with suspected stable angina, the exercise tolerance test should not be used routinely as a first-line diagnostic tool.

Stable angina and non-cardiac surgery

R The routine use of aspirin to reduce perioperative cardiac events in patients undergoing non-cardiac surgery, including those with known stable coronary artery disease (CAD), is not recommended.

Investigation of patients with suspected angina

Clinical history is the key component in the evaluation of patients with angina. Often the diagnosis can be made on the basis of clinical history alone. Characteristics used to determine the diagnosis include nature and location of the discomfort, the duration of and relationship to exertion, as well as precipitating or relieving factors. Based on the history, patients can be categorised into three groups:

- 1) Patients with a clear history suggestive of stable angina (definite)
- 2) Patients with some features in the history suggestive of angina (suspected)
- 3) Patients describing non-cardiac chest pain (non-cardiac)



The following algorithms are suggested for the investigation and management of patients with 1) definite angina and 2) suspected angina. Patients with non-cardiac chest pain do not require further investigation for myocardial ischaemia.



This Quick Reference Guide provides a summary of the main recommendations in SIGN 151 Management of stable angina.

Recommendations **R** are worded to indicate the strength of the supporting evidence. Good practice points ✓ are provided where the guideline development group wishes to highlight specific aspects of accepted clinical practice.

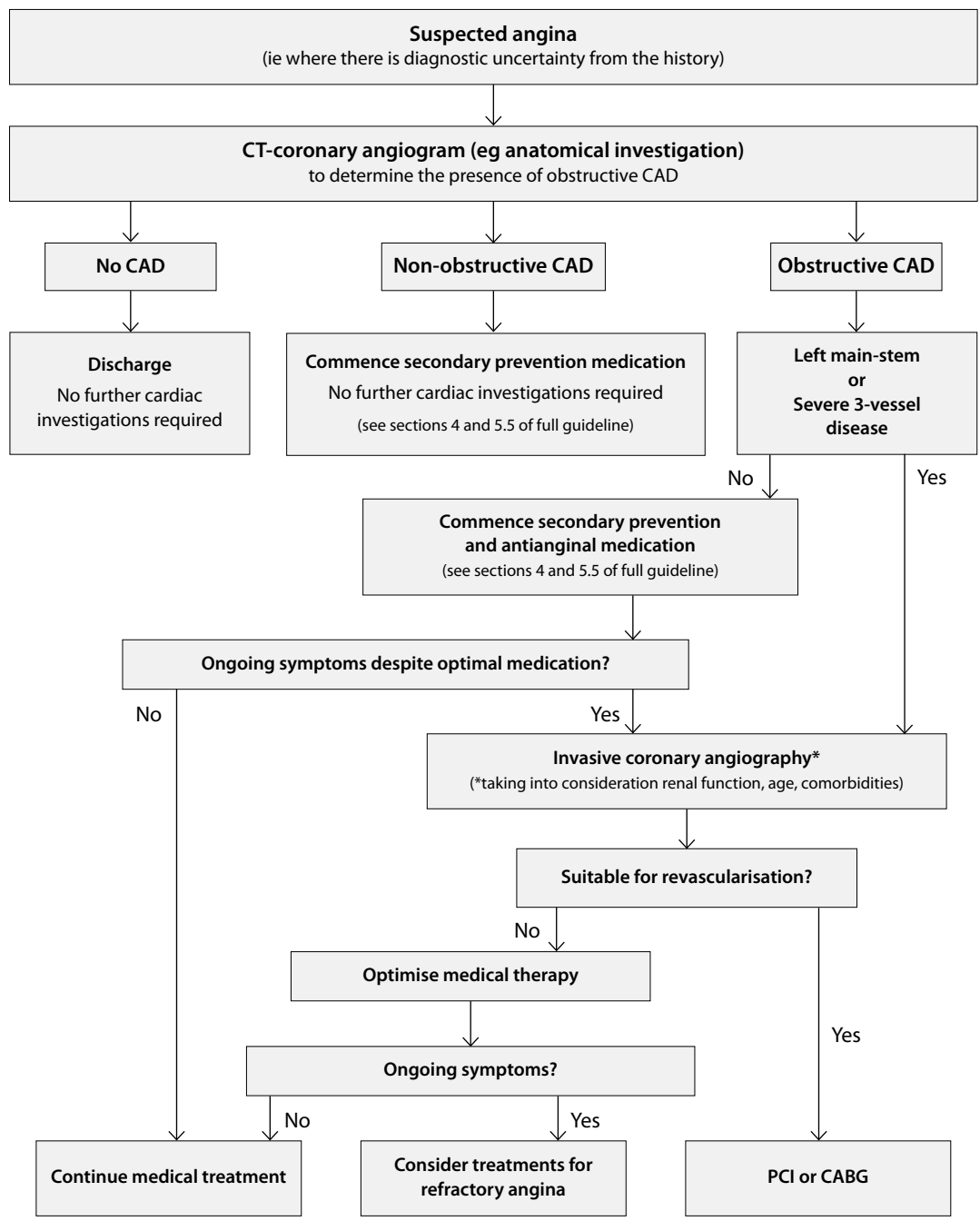
Details of the evidence supporting these recommendations can be found in the full guideline, available on the SIGN website: www.sign.ac.uk.

This QRG is also available as part of the SIGN Guidelines app.

Management options in patients with suspected angina



Abbreviations CT – computerised tomography CAD – coronary artery disease PCI – percutaneous coronary intervention CABG – coronary artery bypass grafting