**OVERVIEW**

Each year, over one million people experience a new or recurrent coronary attack. Factors that increase an individual’s risk for heart attack include tobacco use, high blood pressure, diabetes, physical inactivity, body mass index, high cholesterol, stress and other factors such as age, gender, and race. The *Post Acute Myocardial Infarction Management* guideline is based on the recommendations outlined by the American College of Cardiology/American Heart Association, The National Heart, Lung, and Blood Institute, and the American Diabetes Association. The purpose of this guideline is to improve management strategies for patients who have experienced a coronary event.

**RECOMMENDATION:** Follow-up visit should be scheduled with the patient’s medical doctor no more than three weeks after a coronary event.

**MEDICATION MANAGEMENT**

**Lipid lowering Therapies:**

- HMG CoA Reductase inhibitors
- Ion exchange resins
- Fibric acids
- Please refer to Oxford’s *Clinical Practice Guideline for Lipid Abnormalities* to review the list of recommended agents and dosages for lipid management

**Antiplatelet and Anticoagulant Agents:**

- Unless it is contraindicated, aspirin use should be started early post-cardiac event
  Target dose: 80mg - 325 mg per day
- Warfarin use should be initiated in patients unable to take aspirin
  Range dose: International normalized ratio (INR) of 2.0 - 3.0
  Target dose: 2.5

**Angiotensin-converting enzyme (ACE) Inhibitors:**

- ACE Inhibitors should be started early in stable high-risk patients
- Continue indefinitely for all patients with left ventricular dysfunction (ejection fraction 40 percent or less) or symptoms of heart failure
- Use as needed to manage blood pressure or symptoms in all other patients
- In the event that a patient experiences an adverse reaction to ACE inhibitors, angiotensin receptor blockers (ARB) should be used

**Beta-Blockers:**

- Should be started early post-cardiac event
- Continue indefinitely and observe for any contraindications
  Target dose:
  - Metoprolol: 50mg - 100mg daily
  - Atenolol: 50mg – 100 mg daily
### SECONDARY PREVENTION/LIFESTYLE MODIFICATION

#### Physical Activity
- During routine office visits, ask patients about their physical activity status and exercise habits.
- Based on risk assessment, patients should be encouraged to exercise 30 to 60 minutes of moderate to intense activity three to four times a week. High-risk patients should be enrolled in medically supervised programs.

#### Smoking Cessation Counseling
- Every patient who smokes should be identified and offered effective cessation interventions at each clinical visit with a healthcare provider.
- Clinicians should incorporate brief but effective cessation counseling and interventions into physician practice.
- Cessation interventions should include motivation, evaluation, support, instruction, and distribution of relevant materials and quitting aids (e.g., self-help guide, instructional manual, adjunctive nicotine replacement).
- Please refer to Oxford’s *Clinical Practice Guideline for Tobacco and Smoking Cessation* for additional information regarding smoking cessation counseling and treatment.

#### Lipid Management
- Primary goal: LDL less than 100mg/dL
- Secondary goals: HDL greater than 35mg/dL, Triglycerides less than 200mg/dL
- Lipoprotein profiles and analysis should be performed after patient has fasted for 12 hours.
- Please refer to Oxford’s *Clinical Practice Guideline for Lipid Abnormalities* for additional information regarding lipid management.

#### Hypertension Management
- Goal: <140/90 mm Hg (less than 130/85 mm Hg in individuals with diabetes, heart failure or renal insufficiency)
- Initiate lifestyle modifications: weight control, physical activity, alcohol moderation
- Antihypertensive drug therapy: beta-blockers, ACE-inhibitors, central alpha-antagonists, calcium antagonists, diuretics, and vasodilators
- If patient is not responding to current medication, try a drug from another class or add a second agent from a different class
- Please refer to Oxford’s *Clinical Practice Guideline For Hypertension* for additional information regarding hypertension management

#### Body Weight Management
- Measure patient’s weight, height, body mass index (BMI), and waist circumference at appropriate intervals. Goal BMI range: 18.5-24.9 kg/m².
- Start weight management and physical activity as appropriate. People with a BMI of 25 to 29.9 are considered overweight, while people with a BMI of 30 or higher are considered obese.

Based on recommendations of the American Heart Association, National Heart, Blood, and Lung Institute.
SECONDARY PREVENTION/LIFESTYLE MODIFICATION, Continued

Control of Diabetes

- Diabetes increases a person’s risk of cardiovascular disease.
- Glycemic control:

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<thead>
<tr>
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<th>Normal</th>
<th>Goal</th>
<th>Additional Action Suggested</th>
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<tbody>
<tr>
<td>Whole blood values</td>
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<tr>
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<td>80 – 120</td>
<td>&lt;80/&gt;140</td>
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<tr>
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<td>100 - 140</td>
<td>&lt;100/&gt;160</td>
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<tr>
<td>Plasma values</td>
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<td>Average prepandial glucose (mg/dl)</td>
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<td>110 - 150</td>
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<td>HbA\textsubscript{1c} (%)</td>
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<td>&gt;8</td>
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Stress Management

- Encourage patients to join a support group or engage in regular stress reduction techniques such as deep breathing, relaxation, and bodywork
- Regular exercise enables people to manage and cope with stress

Cardiac Rehabilitation (CR)

Cardiac rehabilitation is a comprehensive program of medical evaluation, prescribed exercise, cardiac risk factor modification, education and counseling designed to restore patients with heart disease to active, productive lives.

Goals:
1. Increase exercise tolerance
2. Improve cardiac symptoms
3. Improve blood lipid levels
4. Decrease smoking: as many as 25 percent of smokers will quit after participating in CR smoking cessation programs
5. Improve psychosocial well being and reduce stress
6. Reduce mortality: comprehensive CR reduces death rates by 25 percent in patients who have had a heart attack.

1 American Diabetes Association, *Diabetes Care*, Clinical Practice Recommendations 2002
### RESOURCES FOR PATIENT MATERIALS AND PROGRAMS

<table>
<thead>
<tr>
<th>Resource</th>
<th>Contact Information</th>
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<tbody>
<tr>
<td>American Diabetes Association</td>
<td><a href="http://www.diabetes.org">www.diabetes.org</a></td>
</tr>
<tr>
<td>American Heart Association</td>
<td>800-AHA-USA1 <a href="http://www.americanheart.org">www.americanheart.org</a></td>
</tr>
<tr>
<td>American College of Cardiology</td>
<td><a href="http://www.cardiosource.com">www.cardiosource.com</a></td>
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</tbody>
</table>
| Center for Disease Control  
Cardiovascular Health Branch  
www.cdc.gov                                                                               |
| National Heart, Lung, and Blood Institute  
www.nhlbi.gov                                                                               |
| Oxford Health Plans  
Complementary & Alternative Medicine Program  
(access to special discounts from a credentialed network of alternative medicine providers-yoga instructors, massage therapist, and nutritionists)  
800-444-6222  
www.oxfordhealth.com                                                                      |

We value your input on our guidelines. If you have any questions or comments, please e-mail bminta@oxfordhealth.com or write to:

**Oxford Health Plans**  
Quality Management  
Attn: Belinda O. Minta, MPH  
44 South Broadway  
White Plains, NY 10601