

Stable Ischemic Heart Disease

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This supplement to *Reviews in Cardiovascular Medicine* addresses the complex issues associated with stable ischemic heart disease (SIHD) from disease recognition and assessing severity to prognosis and treatment. The publication of recent guidelines for SIHD, percutaneous coronary intervention (PCI), secondary prevention of atherosclerosis, and appropriateness guidelines for PCI have succeeded in simultaneously adding clarity and confusion as clinicians grope to “do the right thing.” This supplement has established international authorities with expertise in basic science, clinical trials, and clinical practice provide an up-to-date reference that will serve as an exceptional practical guide to those caring for patients with SIHD.

SIHD encompasses a spectrum of coronary artery disease that can range from the asymptomatic to severe disabling angina. It is a condition frequently encountered by primary care providers and cardiologists. Although improvements in lifestyle, risk-factor modification, and early pharmacotherapy

have had an effect on reducing the complications of coronary artery disease, similar improvements in pharmacologic and nonpharmacologic therapy, including revascularization, have resulted in a concurrent increase in the prevalence of the condition. These prevalence trends are accelerating with the aging of the population and the epidemic of obesity and diabetes. The recent update to the guidelines for the management of SIHD is part of the broader recognition by the cardiology community of the continued importance of this disease state in clinical practice. Another goal of this supplement is to serve as a comprehensive review of the topic from several perspectives.

Marroquin and colleagues provide a comprehensive and contemporary overview of the pathophysiology of angina pectoris and discuss the SIHD's prevalence and cost to society. Crudu and Abbott provide a wonderful review of the current approaches to SIHD management. Dr. Zaza's contribution elegantly elucidates the mechanism of action and therapeutic implications of ranolazine, one of the newer,

novel agents used in this condition. Dr. Hameed and I describe the role of adjunct medical therapy in the context of what is now considered reasonable incomplete revascularization, a complex clinical scenario that interventional cardiologists toil over every day in the catheterization laboratory. Goldberg and Schwarcz address the management of patients with SIHD and how best to incorporate contemporary guidelines to clinical practice and help fill some of the residual knowledge gaps left even after their publication. Finally, Farkouh and colleagues describe the strategies for the management of stable coronary disease in type 2 diabetes mellitus. The diabetic patient with SIHD provides a plethora of complex issues. As co-author of the FREEDOM trial, we are privileged to have his insights presented here.

Although these articles together provide a thorough review of the subject, they have been edited and presented with the aim of making the complex information both accessible and clinically relevant for the busy practitioner.

I would like to thank my colleagues, who gave their time and

energy to provide the wonderful content for this important publication; the staff at MedReviews for bringing the content to life; and

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Whether read in its entirety or as individual articles, the authors and

I are confident that you will find the information both useful and actionable.