Review March 2016

The Patient has had a MI
(Within the last 12 months)
Post discharge ensure the following has occurred and make the appropriate intervention when necessary

NHS Rotherham Clinical Commissioning Group

Cardiac Rehabilitation

- Check a referral has been made
- It is recommended that the patient is seen within 10 days post discharge

Lifestyle advice

If the patient declines cardiac rehabilitation offer lifestyle advice.

- Stop smoking
- Be physically active, gradually increase activity until able to do 20-30 minutes a day.
- Eat a Mediterranean diet, increase bread, fruit, vegetables, fish. Decrease Meat, butter and cheese.
  - Do not prescribe fish oil (Omega-3) supplements.

ACE\ARBS
Check U&E`s every 1-2 weeks post initiation and when titrating dose. At least annually once maintenance dose achieved.

ACE Inhibitor

Ramipril

Target dose
5mg twice a day or,
10mg daily.

Increase dose to target dose.

Every 12-24 hours whilst in secondary care within 4-6 weeks post discharge

If an ACE inhibitor cannot be tolerated due to coughing, an angiotensin-2-receptor blocker (ARB\Sartan) can be considered.

Valsartan is licensed post MI.
Initially 20ng twice daily increased gradually over several weeks to 160mg twice a day if tolerated.

Beta-blocker

Bisoprolol
For all patients post MI. Even in the absence of heart failure

Titrate to a maximum tolerated dose ideally over a period of 2-4 weeks, ideally 10mg daily. Or to an average heart rate of 60 beats/per/minute, or maximum tolerated dose

Review after 12 months.

- Beta- blockers reduce mortality and morbidity for up to a year after an MI.
- Evidence confirms that there are some risks in withdrawing beta-blockers.
- Discuss with patient after 12 months long term treatment versus side effects

Antiplatelets

Aspirin 75mg daily

If aspirin intolerant use clopidogrel 75mg daily.

Consider gastroprotection (lansoprazole 15mg daily) if

- Over 75 years
- Taking regular NSAIDs
- History of ulceration.
- Symptoms of GORD

For 12 months only post MI
Ticagrelor 90mg twice a day
or
Clopidogrel 75mg daily or
Prasugrel 10mg daily, 5mg daily if under 60kg or over 75 years of age

Aspirin or clopidogrel may be co-prescribed with warfarin post MI.
(consider gastroprotection)
The new non-vitamin K antagonist anticoagulants cannot be co-prescribed with an antiplatelet

Statin therapy

Atorvastatin 40-80mg daily.

Aim for a total cholesterol of below 4mmol\l and a low density lipoprotein of below 2mmol\l

Consider simvastatin 40mg daily if atorvasatatin is not tolerated

If the patient has a history of stroke or TIA. Consider clopidogrel 75mg daily in preference to aspirin . See guidance on prevention of occlusive events