

Acute Coronary Syndromes: Broken Hearts and Spare Parts

David Schneider, MD, FAAFP



ACTIVITY DISCLAIMER

The material presented here is being made available by the American Academy of Family Physicians for educational purposes only. Please note that medical information is constantly changing; the information contained in this activity was accurate at the time of publication. This material is not intended to represent the only, nor necessarily best, methods or procedures appropriate for the medical situations discussed. Rather, it is intended to present an approach, view, statement, or opinion of the faculty, which may be helpful to others who face similar situations.

The AAFP disclaims any and all liability for injury or other damages resulting to any individual using this material and for all claims that might arise out of the use of the techniques demonstrated therein by such individuals, whether these claims shall be asserted by a physician or any other person. Physicians may care to check specific details such as drug doses and contraindications, etc., in standard sources prior to clinical application. This material might contain recommendations/guidelines developed by other organizations. Please note that although these guidelines might be included, this does not necessarily imply the endorsement by the AAFP.

This CME session is supported by an educational grant to the AAFP from [Name of Commercial Interest].

The logo for FMX, featuring the letters 'FMX' in a bold, white, sans-serif font. The text is positioned on the right side of a horizontal orange bar that contains a series of white diagonal stripes on the left side.

FMX

No Conflict to Disclose

DISCLOSURE

It is the policy of the AAFP that all individuals in a position to control content disclose any relationships with commercial interests upon nomination/invitation of participation. Disclosure documents are reviewed for potential conflict of interest (COI), and if identified, conflicts are resolved prior to confirmation of participation. Only those participants who had no conflict of interest or who agreed to an identified resolution process prior to their participation were involved in this CME activity.

All individuals in a position to control content for this session have indicated they have no relevant financial relationships to disclose.

The content of my material/presentation in this CME activity will not include discussion of unapproved or investigational uses of products or devices.

The content of my material/presentation in this CME activity will include discussion of unapproved or investigational uses of products or devices as indicated:

The logo for FMX, featuring the letters 'FMX' in a bold, white, sans-serif font on a dark orange background. The background of the entire slide footer is a lighter orange color with a diagonal hatched pattern.

FMX

Conflict(s) to Disclose

DISCLOSURE

It is the policy of the AAFP that all individuals in a position to control content disclose any relationships with commercial interests upon nomination/invitation of participation. Disclosure documents are reviewed for potential conflict of interest (COI), and if identified, conflicts are resolved prior to confirmation of participation. Only those participants who had no conflict of interest or who agreed to an identified resolution process prior to their participation were involved in this CME activity.

The following individual(s) in a position to control content for this session have disclosed the following relevant financial relationships

- (Name) disclosed a relationship with (Name of the Commercial Interest), (Nature of the relationship with the Commercial Interest & Topic)

All other individuals in a position to control content for this session have indicated they have no relevant financial relationships to disclose.

The content of my material/presentation in this CME activity will not include discussion of unapproved or investigational uses of products or devices.

The content of my material/presentation in this CME activity will include discussion of unapproved or investigational uses of products or devices as indicated:

The logo for FMX, consisting of the letters 'FMX' in a bold, white, sans-serif font, positioned on the right side of a dark orange horizontal bar. The bar has a diagonal hatched pattern on its left side.

David Schneider, MD, FAAFP

Faculty Physician/Team Leader/Didactics Director/Procedures Director Santa Rosa Family Medicine Residency; Professor of Family and Community Medicine, University of California-San Francisco, School of Medicine

Dr. Schneider cares for the underserved in Santa Rosa, CA, serving Latino, Southeast Asian, and Eritrean populations. His professional interests include the doctor-patient relationship, clinical skills, and teaching the breadth and depth of family medicine for over 20 years. Cardiovascular system conditions are one of his specialty topics, and he points to “the growing body of evidence suggesting that lifestyle is as effective as, or more effective than, pharmacologic interventions in primary prevention.” He also focuses on conditions of the endocrine system (especially thyroid), skin and dermatology, primary prevention focusing on lifestyle, and procedures. Dr Schneider is board certified not only in Family Medicine, but also in Integrative Holistic Medicine. He produces Dr. Dave’s To Your Health segments for Wine Country Radio and BlogTalkRadio.com.



FMX

Learning Objectives

1. Implement evidence-based secondary prevention recommendations in post-ACS patients.
2. Use evidence-based criteria in determining safe and effective medications to prescribe at discharge post-ACS.
3. Counsel patient to address concerns in the period immediately following discharge for ACS, with an emphasis on assessing and monitoring for psychosocial issues that may impact post-ACS outcomes.
4. Prescribe cardiac rehabilitation for post-ACS patients, emphasizing coordination of care and follow-up

Associated Sessions

- AAFP Provides this Slide

Content Slide

- ABC
- XYZ

Audience Engagement System (AES) Question

Content

- ABC
- XYZ

Practice Recommendations

- Unless contraindicated, pts should remain on ASA, β -blockers, and high-intensity statin after an ACS/MI for 2^o prevention (SOR A).
- Post-MI pts w/LVEF <40% should be placed on ACEI (ARB 2nd choice) + aldosterone antagonist indefinitely (SOR A).
- After ACS or revascularization (CABG, PCI), all eligible pts should be referred to a comprehensive outpt CV rehabilitation program prior to D/C or during 1st F/U office visit. (SOR A)

Q & A

Contact Information



Supplemental Material

- Optional