Acute Coronary Syndromes: Broken Hearts and Spare Parts

David Schneider, MD, FAAFP

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The content of my material/presentation in this CME activity will include discussion of unapproved or investigational uses of products or devices as indicated: Discussion of evidenced-based but non-FDA approved medications for the treatment of PTSD including fluoxetine, venlafexine, nefazodone, impipramine, phenelzine and prazosin.

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.

The LOs are from the Needs Assessment & cannot be changed.

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

AAFP Provides this Slide, If Applicable

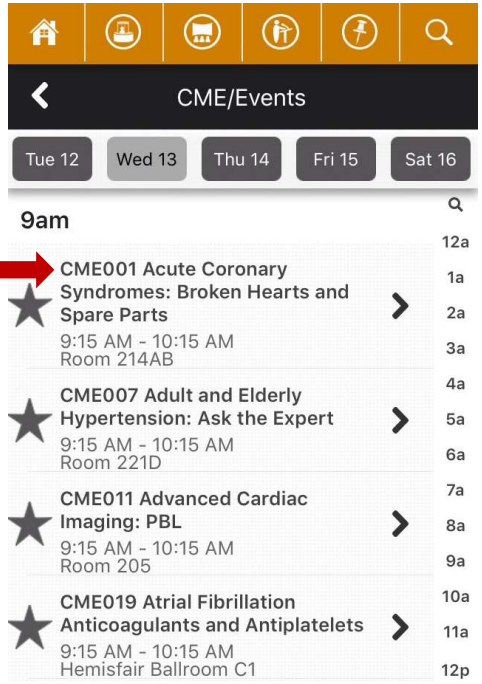
Associated Sessions

- (PBL) Acute Coronary Syndromes: Broken Hearts and Spare Parts
- Ask the Expert: Acute Coronary Syndromes

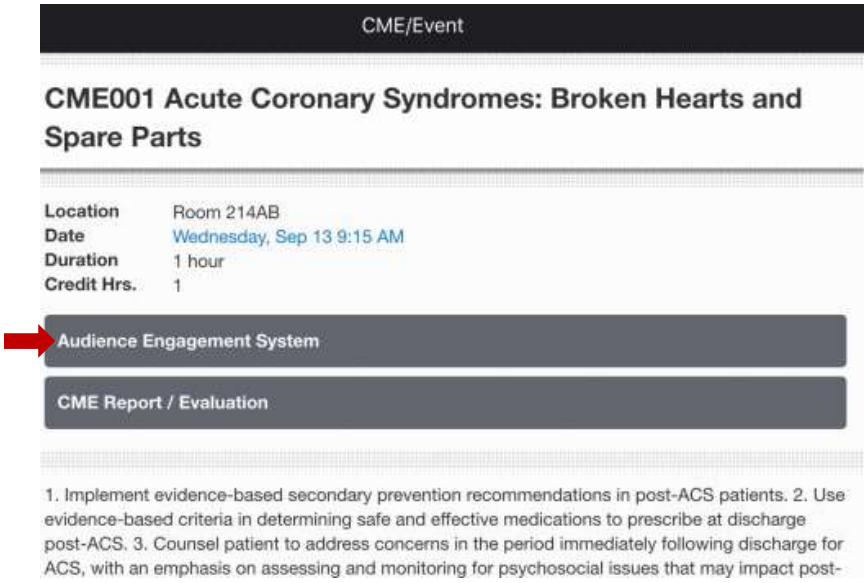
Audience Engagement System

Step 1

Step 2



Step 3



FMX

Content Slide

- ABC
- XYZ

Audience Engagement System (AES) Question

Which of the following does NOT qualify as unstable angina?

A. Angina of longer duration.
B. Angina with more pain (0-10 scale).
C. Angina occurring at lower activity level.
D. Angina of very recent onset.
E. None of the above (all are unstable angina).

Content

- ABC
- XYZ

Practice Recommendations

- Unless contraindicated, pts should remain on ASA, β-blockers, and high-intensity statin after an ACS/MI for 2° 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)

Questions

Contact Information (optional)

- Name
- Email
- Twitter handle (if applicable)
- Website (if applicable)

Resources/Supplemental Material

- Listing of resource material, website URLs, etc.
- References/Citations
- Additional content not covered in presentation