Introduction: Managing Patients With Chronic Angina: Emerging Therapeutic Options for Improving Clinical Efficacy and Outcomes

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TARGET AUDIENCE

Managed care pharmacists and other health care practitioners

LEARNING OBJECTIVES

Upon completion of this program, participants will be better able to

1. describe the epidemiology, impact, pathogenesis, patient presentation, and treatment of stable angina;
2. compare and contrast the pharmacology and pharmacodynamics of ranolazine with that of other antianginal drug therapies, discuss the approved uses and pharmacokinetics of ranolazine, summarize the results of clinical studies of the efficacy of ranolazine for the treatment of chronic angina, and name a safety concern associated with the use of ranolazine;
3. estimate the direct and indirect costs of chronic stable angina in the United States and identify the largest components of the direct costs of narrowly defined chronic angina and coronary artery disease; and
4. describe recent trends in the use of coronary revascularization in the United States and compare and contrast the initial and long-term costs and clinical outcomes from percutaneous coronary intervention, coronary artery bypass grafting, and medical management in patients with stable angina.

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Coronary heart disease (CHD) remains the leading cause of death among American men and women.¹ However, advances in the treatment of acute coronary syndrome and an increasing number of therapies to reduce recurrent cardiac events have led to more patients surviving with chronic CHD. The primary symptom of chronic CHD is angina (chest pain on exertion or under mental or emotional stress).²

More than 6.5 million Americans suffer from angina, and the prevalence will continue to grow as patients live longer with CHD and as the population ages.^{1,2} Angina can severely limit patients' functional status and diminish their quality of life.^{3,4} Patients with angina are less satisfied with their care.⁵ Moreover, angina is predictive of subsequent acute coronary syndrome and death among CHD outpatients.⁶ Given its prevalence and impact on health, chronic angina should not be treated as a benign condition and deserves increased attention from health care practitioners.

While angina is treatable through a range of pharmacologic treatments as well as coronary revascularization,² it is often inadequately treated in clinical practice.⁷⁻¹⁰ For example, outpatients with chronic angina report a median frequency of 2 episodes/week, and the majority of these patients perceive their health as "fair" or "poor."¹⁰ There is also a misperception that angina is largely obviated in an era of coronary stenting and early invasive therapy for acute coronary syndrome. Yet, more than one quarter of patients have some angina 1 month after discharge for acute myocardial infarction,¹¹ and one third of patients report daily to weekly angina 7 months after admission to the hospital for treatment of acute coronary syndrome.¹² Ultimately, many CHD patients are left with varying degrees of residual angina despite treatment. This has provided the impetus to develop new pharmacologic therapies to better manage chronic angina.

The first article in this supplement describes the epidemiology, pathogenesis, and treatment of chronic angina, including the use of vasculoprotective and antianginal drug therapies and coronary revascularization procedures. The approved uses, pharmacology, pharmacodynamics, pharmacokinetics, efficacy, safety, and place in therapy of ranolazine—the first new antianginal drug therapy introduced in more than 20 years for the treatment of chronic angina—are addressed in detail in the second article. In the third article, the economic burden of chronic angina in the United States is quantified, and recent trends in the use of coronary revascularization are characterized. The clinical outcomes from and long-term costs of percutaneous coronary intervention, coronary artery bypass grafting, and medical management are compared in patients with chronic angina.

DISCLOSURES

This article is based on a presentation given by the author at a symposium titled "Emerging Therapies for Management of Patients with Stable Angina:

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