

# Secondary prevention of ischemic heart disease

**Secondary prevention** is a set of measures that reduce the risk of recurrence of ischemic heart disease. Every patient should be monitored by a cardiologist or internist after he suffered MI, who should actively seek out and reduce cardiovascular risk factors.

## Non-pharmacological prevention

Non-pharmacological prevention includes:

- adjustment of eating habits (reduction of animal fat up to 30% of energy intake, increase of fruit and vegetables),
- STOP smoking,
- reduction of alcohol consumption (we tolerate up to 30g of pure alcohol per day for a healthy man, for women a dose of approximately 12 g/day),<sup>[1]</sup>
- salt intake limit up to 6 g/day,<sup>[1]</sup>
- adequate physical activity and overweight reduction to a BMI **18-25 kg/m<sup>2</sup>**.<sup>[1]</sup>



## Pharmacological prevention

Pharmacological prevention includes:

- **antiagregants**: acetic acid 75–100 mg/day, clopidogrel 75 mg/day, ticagrelor 2x90 mg/day or prasugrel 10 mg/day;<sup>[1]</sup>
- **anticoagulants**: in patients after MI with concomitant atrial fibrillation, left ventricular aneurysm, wall thrombus, or a history of pulmonary embolism; the goal is to achieve INR = 2,0–2,5;
- **statins**;
- **cardioselective  $\beta$ -blockers** (in all patients after STEMI, in patients with concomitant LV failure - carvedilol);
- **ACEI** (in patients after AI with EF below 40% or with manifestations of heart failure);
- **Nitrates/calcium channel blockers** (in patients after infarction with angina pectoris).

Mnemonic aid: **BASIC** ( **$\beta$** -blockator, **A**SA, **S**tatins, **A**CEI, **C**lopidogrel).

## Compensation for associated diseases

Undoubtedly, secondary prevention also includes compensation:

- **dyslipidemia** (LDL-C under 1,4 mmol/l);<sup>[1]</sup>
- **hypertension** (blood pressure 120-130/70-80 (tel:120-130/70-80) mmHg);<sup>[1]</sup>
- **diabetes** (in diabetics II. type – fasting blood glucose below 6.0 mmol/l and blood glucose 2 hours after a meal below 7,5 mmol/l; HbA1C  $\leq$  6,5%);
- **coagulopathy** (factor V or prothrombin gene mutations?).<sup>[2][3]</sup>

## References

### Related Articles

- Ischemic heart disease
- Heart attack

### Reference

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3. WIDIMSKÝ, Petr. Diagnostika a léčba akutního infarktu myokardu s elevacemi ST. *Cor et Vasa* [online]. 2009, vol. 51, no. 10, p. 724-740, Available from <[http://www.e-corevasa.cz/casopis/data\\_view?id=2965](http://www.e-corevasa.cz/casopis/data_view?id=2965)>. ISSN 1803-7712.

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