

3. Post MI Therapy: AABBCCEEF GHI

- A. **Aspirin:**
 - a. 81 mg qd
 - A. **ACE Inhibition:**
 - a. Start within 24 hours of MI (ISIS-4, GISSI-3, HOPE)
 - b. Reduces risk of severe CHF, recurrent MI, stroke, diabetes
 - B. **β -blockers:**
 - a. Reduces mortality of post-MI patients and effective in heart failure
 - b. Start or continue orals after IV metoprolol to give resting heart rate (<70)
 - c. Atenolol 25-50-100mg qd as tolerated,
or Metoprolol-XL 25-50 mg qd, if creatinine > 1.8 mg/dl or age > 80 years
 - B. **Bupropion/Zyban** 150 mg bid x 7-12 weeks
 - C. **Cholesterol/Lipid Reduction:**
 - a. Relative risk reduction was ~30% for mortality and serious cardiovascular events
 - b. Goal: LDL < 100 mg/dl, HDL > 40 mg/dl, Triglycerides < 150 mg/dl, Non HDL Cholesterol < 130 mg/dl.
 - c. Statin first line, additional Niaspan or Ezetimibe.
 - C. **Clopidogrel/Plavix:** 75 mg qd possibly for 9 months, 300 mg loading dose at time of PTCA.
 - D. **Diet - Ideal Weight:** Waist/Hip Ratio 0.9 Males, 0.8 females. BMI < 25.
 - E. **Exercise:** 30 minutes almost every day, walking
 - E. **Eplerenone:** Aldosterone inhibitor 200 mg qd, for EF \leq 40%
 - F. **Folate-Vitamins:** Folate 400 mcg to 1 mg qd
 - a. Vitamin B6-Pyridoxine + Folate can reduce plasma homocysteine levels and vascular disease
 - b. Vitamin E most studies show no benefit
 - G. **Glucose:** Sulfonylureas and Insulin promote atherosclerosis? Metformin and Pioglitazone
 - H. **HDL:** Minimum goal of HDL > 40 mg/dl.
 - I. **Ischemia:** Sublingual-PRN Nitrates, Patches and Ca channel blockers for symptoms
- OTHERS**
- 1. **Warfarin (Coumadin®)**
 - a. Warfarin (INR 2.0 to 2.5) + Aspirin low dose better to prevent recurrent MI (WARIS2, NEJM 9/02)
 - b. Warfarin should be instituted in most patients with large anterior MI x 3 months
 - c. Warfarin should be used in some patients with ventricular aneurysm and clots
 - 2. **Anti-arrhythmics**
 - a. Long term increased incidence of fatal and non-fatal events with Ia and Ic agents (CAST-1989)
 - b. Amiodarone or Dofetilide is generally the preferred agent, for atrial fibrillation control
 - c. D-sotalol is not recommended for patients with reduced LV EF post-MI
 - 3. **AICD (Automatic Implantable Cardioverter Defibrillator) Device**
 - a. Consider for EF < 40% and symptomatic or asymptomatic VT
MUTTI Study NEJM 341(25):1882-1890, December 16, 1999
 - b. This is VF/VT not related to acute infarction (<6 weeks) or metabolic abnormality
 - c. Cardiac arrest or sustained VT with defibrillation
 - d. Life expectancy >1 year
 - 4. **Calcium Channel Blockers**
 - a. No clear benefit of this class for routine use
 - b. Diltiazem used in Non-Q wave MI, without pulmonary edema (EF > 40%)
Mostly Diltiazem useful to slow rate for patients intolerant of β -blockers
 - c. Short acting Dihydropyridines contraindicated due to reflex tachycardia and steal syndromes
 - d. Long acting Dihydropyridines may be useful in severe hypertension (Amlodipine, Nifedipine-XL/CC)
 - 5. **Alcohol** Consuming 1-2 drinks of per day may reduce angina and MI.
 - 6. **Social Isolation** Adversely affects prognosis
 - 7. **Future therapies?** Partial fatty acid oxidation (pFOX) inhibition, Etomoxir and MET-88