Angina: A missed medical opportunity

CPD Questionnaire

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1. The pathophysiology of atherosclerosis involves:

☐ **A** Cholesterol and the lipid core ☐ **B** Inflammatory and immunomodulatory mechanisms ☐ **C** Smooth muscle and connective tissue proliferation
☐ **D** All of the above ☐ **E** A and B only

2. Correct assessment of angina symptom status is important because those with daily angina symptoms are at greatly increased risk of:

☐ **A** Being hospitalised within six months ☐ **B** Cardiovascular death ☐ **C** Non-fatal stroke or MI
☐ **D** All-cause mortality ☐ **E** All of the above

3. There is currently a shift away from rheumatic heart disease to other non-communicable diseases in the form of IHD as the sub-Saharan African population becomes more urbanised.

☐ **A** True ☐ **B** False

4. In South Africa, a stable angina prevalence of ___ per 100 persons older than 30 years was reported for the year 2010.

☐ **A** 2.4 ☐ **B** 3.1 ☐ **C** 5.3

5. Elective coronary angiography in patients with the clinical syndrome of angina and with positive stress tests indicated that less than __% of patients in fact had significant obstructive CAD.

☐ **A** 24% ☐ **B** 32% ☐ **C** 40%

6. Potential mechanism contributing to the development of myocardial ischaemia include:

☐ **A** Atherosclerotic disease ☐ **B** Vasospastic disease ☐ **C** Microvascular dysfunction
☐ **D** All of the above ☐ **E** A and C only

7. Which statement is correct? Systematic review of PCI vs OMT trials show no differences for the outcome of _____ between patients who underwent OMT upfront or revascularisation upfront.

☐ **A** Death, cardiovascular death or heart failure ☐ **B** Overall MI and relief of angina symptoms ☐ **C** A and B

8. The ISCHEMIA trial has shown that medical therapy as a first-line strategy for the treatment of angina is just as good as revascularisation to prevent cardiovascular events, improve quality of life and to reduce the burden of angina symptoms.

☐ **A** True ☐ **B** False

9. Which statement is incorrect?

☐ **A** Many patients experience significant angina 12 months after PCI
☐ **B** In South Africa, most patients receive OMT as their first line of therapy for stable angina
☐ **C** There is undertreatment both of cardiovascular risk factors and antianginal therapy in rural South Africa

10. Which international guidelines recommend OMT as first-line therapy for stable angina?

☐ **A** ESC ☐ **B** AHA ☐ **C** A and B

11. Which statement is incorrect? With respect to first-line medical therapy for stable angina, the treatment regimen:

☐ **A** Must be individualised to the patient's clinical presentation and preferences ☐ **B** Consists of one or two antianginal drugs: β-blocker or CCB
☐ **C** Consists of one or two antianginal drugs: long-acting nitrates or ivabradine ☐ **D** Must include secondary prevention of atherosclerotic CAD
☐ **E** A and D

12. Systematic review covering 50 years of medical therapy for angina has given rise to the conclusions that β-blockers and CCBs are superior to other antianginal drugs in terms of improving exercise tolerance.

☐ **A** True ☐ **B** False

13. With regards to β-blocker therapy for stable angina, which statement is correct?

☐ **A** They are very effective for the relief of angina, but there is no hard outcome benefit of β-blockers compared to non β-blockers in the long term, even for patients with no prior MI
☐ **B** Are more effective when used in combination with non-DHP compared to DHP CCBs
☐ **C** Are more effective when used in combination with DHP CCBs compare to non-DHP CCBs
☐ **D** A and B ☐ **E** A and C

14. Adverse events associated with ivabradine include a greater risk of developing:

☐ **A** Atrial fibrillation ☐ **B** Symptomatic bradycardia ☐ **C** A and B

15. It has been found that compared to placebo, colchicine in CAD patients shows a marked reduction in the primary composite endpoint of:

☐ **A** Cardiovascular death, MI, ischaemic stroke or ischaemia-driven coronary revascularisation
☐ **B** Cardiovascular death, non-fatal stroke or MI, all-cause mortality

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