

2019 ESC Guidelines on: Chronic Coronary Syndromes.

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Introduction

In 2019 the ESC gave stable coronary artery disease (CAD) a rebrand – now to be known as ‘chronic coronary syndromes’ (CCS).¹ This change is intended to emphasise that CAD is dynamic and modifiable, and while patients may have stable periods, they are at risk of silent disease progression and further acute presentations.

The guideline is now organised by commonly encountered clinical scenarios:

1. suspected CAD and stable anginal symptoms
4. patients > 1 year after diagnosis or revascularisation
5. patients with suspected microvascular angina
6. asymptomatic patients with CAD detected at screening.

Key recommendations and changes are highlighted here:

Diagnosis

Drugs

Tailored antithrombotic therapy is perhaps the most notable new recommendation. An additional antithrombotic drug alongside Aspirin *should* be considered in those with a high risk of ischaemic events without high bleeding risk (class IIa, level of evidence A), and *may* be considered in those at moderate ischaemic risk (class IIb