

ANGINA: DO NOT IGNORE THE HEART'S MESSAGES



Hey! Can't play football with your grandson? Is angina limiting you again?

Why don't you tell your doctor about it?

Ignoring me is not a solution, you know!

Can the treatment of angina be improved? This question merits careful consideration because angina is often the initial manifestation of coronary artery disease (CAD), the most frequent cause of death worldwide today,¹ and has been shown to double the risk of major cardiovascular events.²

Approximately one-third of outpatients with chronic CAD suffer from angina,³ while 30% of patients continue to experience angina symptoms as early as one month after revascularization.⁴

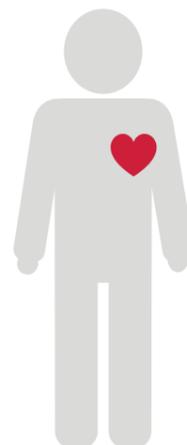
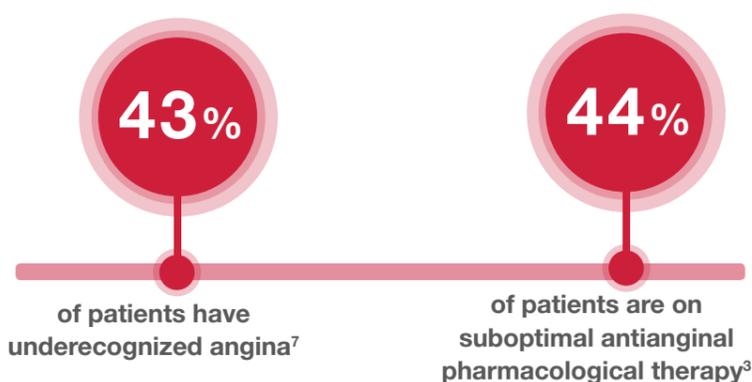
From a health economics perspective, angina represents a major burden on society. It also has a negative impact on quality of life and leads to a 3-fold higher risk of disability,⁵ a 1.5-fold higher risk of job loss,⁵ and 4-fold higher risk of depression.⁶

Despite these alarming figures, angina is routinely underrecognized by physicians. This means that many patients do not receive appropriate treatment, resulting in poor control of their condition. A recent study revealed that angina was underrecognized in 43.3% patients with CAD who had reported angina in the previous month.⁷ Among patients with frequent angina, 44% were on suboptimal antianginal pharmacological therapy.³ These findings suggest that sustained efforts are needed to improve the management of angina patients.

The **Working Group on Cardiovascular Pharmaco-therapy of the ESC** launched the **Angina Awareness Initiative** in October 2017, during the 12th International Congress on Innovations in Coronary Artery Disease. This initiative is supported by an unrestricted grant from **Servier**, whose contribution will be to reach out to health care professionals to improve the management of this life-threatening condition.

ANGINA IS UNDERRECOGNIZED AND UNDERTREATED IN DAILY PRACTICE

PERSONAL BURDEN



1. Mozaffarian D et al. *Circulation*. 2016; 33(4): e38-e360. 2. Ohman EM. *N Engl J Med*. 2016; 374:1167-1176. 3. Kureshi F et al. *Clin Cardiol*. 2017; 40(1): 6-10. 4. Huqi A et al. *Can J Cardiol*. 2016; 32:986.e23-986.e29. 5. Padala SK et al. *J Cardiovasc Pharmacol Ther*. 1074248417698224 2017 Jan 01. 6. Jespersen L et al. *Clin Res Cardiol*. 2013; 102:571-58. 7. Qintar M et al. *Eur Heart J Qual Care Clin Outcomes*. 2016; 2(3): 208-214.



Let's get angina under control