## Appendix E1: Included – Excluded Studies

### Patient information

#### Included list

<table>
<thead>
<tr>
<th>Study</th>
<th>Reason for inclusion</th>
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#### Excluded list

<table>
<thead>
<tr>
<th>Study</th>
<th>Reasons for exclusion</th>
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<tbody>
<tr>
<td>Anon. For your patient’s information. When you have angina. Family Practice Recertification. 1995; 17(1):52.</td>
<td>article</td>
</tr>
<tr>
<td>Asadi-Lari M, Packham C, Gray D. Unmet health needs in patients with coronary heart</td>
<td>All patients had symptoms suggestive of...</td>
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</table>


Only 12 patients with angina

Not angina population

**Short Acting Nitrates**

### Included Studies

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<th>Reason for exclusion</th>
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**Excluded Studies**

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<tr>
<td>Sato H, Koretsune Y, Taniguchi T et al. Studies on the response of nitroglycerin oral spray compared with</td>
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</tr>
<tr>
<td>This study examined the</td>
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<td>Author(s)</td>
<td>Study Description</td>
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<tr>
<td>Parker JO, Vankoughnett KA, Farrell B.</td>
<td>Nitroglycerin lingual spray: clinical efficacy and dose-response relation. <em>Am J Cardiol.</em> 1986; 57(1):1-5.</td>
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<tr>
<td>Study</td>
<td>Methodology</td>
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<tr>
<td>Nitroglycerin in exercise-induced angina pectoris. A methodological study. <em>Eur Heart J.</em> 1985; 6(7):625-630.</td>
<td>of sublingual GTN vs placebo is not relevant</td>
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**BETA BLOCKERS VS. CALCIUM CHANNEL BLOCKERS**

**Included studies**

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<td>Study Authors</td>
<td>Study Title</td>
</tr>
<tr>
<td>---------------</td>
<td>-------------</td>
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<tr>
<td>Bassan MB, Weiler RD, Shalev O.</td>
<td>Additive antianginal effect of verapamil in patients</td>
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<td>Study</td>
<td>Abstract/Paper Details</td>
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<td>Asano H, Kuboki M, Yamamoto M.</td>
<td>Comparative effects of isosorbide dinitrate (ISDN), nifedipine (Nf) and propranolol (P) in different types of effort angina. A study by treadmill exercise test (abstract). Jpn Circ J. 1982; 46(8):835-836.</td>
</tr>
<tr>
<td>Kinoshita M, Motomura M, Kusukawa R et al.</td>
<td>Comparison of hemodynamic effects between beta-blocking agents and a new antianginal agent, diltiazem hydrochloride. Jpn Circ J. 1979; 43(6):587-598. Only 4/24 patients with angina, rest were normal subjects (8), with hypertension (11), and with old MI (1). Outcomes not within remit (BP, HR, stroke volume, cardiac work index)</td>
</tr>
<tr>
<td>Ogawa H.</td>
<td>Comparison of Therapeutic Effects of Nisoldipine, Metoprolol, and Long-Acting Isosorbide Dinitrate in Patients with Stable Effort Angina: A Randomized Cross-Over Paper in Japanese</td>
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<tr>
<td>---</td>
<td></td>
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<tr>
<td>Study References</td>
<td>Follow-up Duration</td>
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<td>Reference</td>
<td>Type</td>
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<tr>
<td>Bowles MJ, Bala S, V, Davies AB et al. Double-blind randomized crossover trial of verapamil and propranolol in chronic stable</td>
<td>Follow-up 8 weeks (4 weeks each drug therapy)</td>
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<td>Reference</td>
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<tr>
<td>Banerjea JC, Mukherjee SK, Mukherjee TP.</td>
<td>Propranolol in the therapy of ischaemic heart disease with angina pectoris. Indian Heart J. 1969; 21(3):259-272. BB vs. placebo</td>
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<td>Reference</td>
<td>Comparator</td>
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<td>Outcome/Notes</td>
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<tr>
<td>Frishman WH, Klein NA, Sherwood LM. Influence of calcium channel blockers and</td>
<td>abstract</td>
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<td>Reference</td>
<td>Outcome</td>
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<tr>
<td>beta adrenergic blockers on parathyroid hormone secretion in normocalcemic patients with angina pectoris (abstract). Clin Res. 1982; 30(2):392A.</td>
<td></td>
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<tr>
<td>Winniford MD, Markham J, Firth BG. Hemodynamic and electrophysiologic effects of verapamil and nifedipine in patients on propranolol. Am J Cardiol. 1982; 50(4):704-710.</td>
<td>Outcome outside remit (hemodynamic and electrophysiologic effects of drugs)</td>
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<tr>
<td>Wallace WA, Wellington KL, Chess MA et al. Comparison of nifedipine gastrointestinal therapeutic system and atenolol on antianginal efficacies and exercise hemodynamic responses in stable angina</td>
<td>Results reported graphically.</td>
</tr>
<tr>
<td>Authors</td>
<td>Study Title</td>
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<tr>
<td>Hains ADB, Rodrignes EA, Whittington JR et al.</td>
<td>Comparison of nisoldipine, metoprolol</td>
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N=20; Follow-up 40 days

COMBINATION (BB,CCB)

Included studies

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### Excluded studies

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<tr>
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<td>Livesley B, Catley PF, Campbell RC</td>
<td>Actual values of results not reported</td>
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<td>Study Details</td>
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<tr>
<td>Leon MB. Combination therapy using calcium-channel blockers and beta blockers in patients with chronic stable angina pectoris.</td>
<td>Review – relevant references identified.</td>
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<td>Follow-up Duration</td>
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<tr>
<td>Choong C, Roubin, G. et al. Acute effects of nifedipine and combination with metoprolol on exercise capacity, haemodynamics and left ventricular function in patients with exertional angina</td>
<td>Abstract</td>
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<tr>
<td>Title</td>
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<tr>
<td>Leon MB, Rosing DR, Bonow RO. Clinical efficacy of verapamil alone and combined with propranolol in treating patients with chronic stable angina pectoris. Am J Cardiol.</td>
<td>N=11</td>
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<td>Reference</td>
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<td>Raftery EB (1985) Calcium blockers and beta blockers: Alone and in</td>
<td>N=22</td>
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<td>Amsterdam EA, Carmichael F, Dressendorfer RH et al. (1982) Comparative and combined quantitative effects of nitroglycerin,</td>
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Mantovani, Santoro BA. Comparison between diltiazem 360 mg/die and propanolol 240 mg/die in stress stable angina. *G Ital Cardiol.* 1986; 16(Suppl 1):78.

Saul PA, Oliver IM, Russell WA. Comparison between diltiazem 360 mg/die and propanolol 240 mg/die in stress stable angina. *G Ital Cardiol.* 1986; 16(Suppl 1):78.

Open-label study. Results in graphs.


Meta analysis – relevant references noted

**ADDING NITRATES**

### Included studies

**Study**


de Vries RJ, Dunselman PH, van Veldhuisen DJ et al. Comparison between felodipine and isosorbide mononitrate as adjunct to beta blockade in patients > 65 years of age with angina pectoris. *Am J Cardiol.* 1994;
### Excluded studies

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<tr>
<td>Liang CS, Coplin B, Wellington K.</td>
<td>Comparison of antianginal efficacy of nifedipine and isosorbide dinitrate in</td>
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<tr>
<td></td>
<td>chronic stable angina: a long-term, randomized, double-blind, crossover study.</td>
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<td>Am J Cardiol. 1985; 55(12):9E-14E.</td>
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<tr>
<td>Akhras F, Jackson G (1991)</td>
<td>Efficacy of nifedipine and isosorbide mononitrate in combination with atenolol</td>
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<td>Akhras F, Chambers J, Jefferies S et al. (1989)</td>
<td>A randomised double-blind crossover study of isosorbide mononitrate and</td>
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<td>nifedipine retard in chronic stable angina. International Journal of Cardiology</td>
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<td>Aronow WS, Kaplan MA (1969)</td>
<td>Evaluation of propranolol and of isosorbide dinitrate in angina pectoris.</td>
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<tr>
<td>Chan PK, Heo JY, Garibian G et al. (1988)</td>
<td>The role of nitrates, beta blockers, and calcium antagonists in stable angina</td>
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<td>Circulation 75 (6 II Suppl): V.</td>
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<td>de Ponti C, Mauri F, Ciliberto GR et al. (1979)</td>
<td>Comparative effects of nifedipine, verapamil, isosorbide dinitrate and</td>
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<td>propranolol on exercise-induced angina pectoris. European Journal of Cardiology</td>
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<td>de Ponti C, Mauri F, Ciliberto GR et al. (1980)</td>
<td>Comparative effects of nifedipine, verapamil, isosorbide dinitrate and</td>
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<td>propranolol on exercise-induced angina pectoris. British Journal of Clinical</td>
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<td>Practice 34 (Suppl 8): 53-8.</td>
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<td>N=14; follow-up 18 days</td>
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<td>Patients with coronary artery spasm.</td>
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<td>Tirlapur VG, Mir MA (1983)</td>
<td>N=19</td>
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<td>Tirlapur VG, Mir MA (1983b)</td>
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<td>Uberbacher HJ, Patyna WD, Krepp HP et al. (1991)</td>
<td>Follow-up 1 week.</td>
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<tr>
<td>Uusitalo A, Keyrilainen O, Harkonen R et al. (1988)</td>
<td>Follow-up 6 weeks</td>
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<td>van de Ven LL, Vermeulen A, Tans JGM et al. (1995)</td>
<td>BB vs. nitrates</td>
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<td>Reference</td>
<td>Study Details</td>
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<tr>
<td>Guiney TE, Daoud ZF, Ginks WR et al.</td>
<td>Comparison of the effect of nifedipine and</td>
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N=18

Nitrates vs. CCB

Outcomes 90 mins after administration of the drug. Tests performed at an interval of 1-2 days. N=24

Outcomes outside remit (heart rate, blood pressure)

N=21

Non RCT

Outcome outside remit

Abstract

Elliott HL, Meredith P. J Hypertens. 2010; Conference(var.pagings):e286.


Not relevant to the clinical question

### ADDITION OF CCB TO BASIC REGIMEN

#### Included studies


### NICORANDIL

#### Included studies


**Excluded Studies**

<table>
<thead>
<tr>
<th>Study</th>
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<tr>
<td>Markham A, Plosker GL, Goa KL. Nicorandil: An updated review of its use in ischaemic heart disease with emphasis on its cardioprotective effects. <em>Drugs.</em> 2000; 60(4):955-974.</td>
<td>Review of effects of Nicorandil in Myocardial infarction and stable angina (relevant study references noted and included separately)</td>
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<tr>
<td>IONA Study Group. Trial to show the</td>
<td>Design and methodology – No</td>
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<tr>
<td>Impact of nicorandil in angina (IONA): design, methodology, and management. <em>Heart</em>. 2001; 85(6):E9.</td>
<td>Results reported</td>
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<tr>
<td>Ferguson C, McKay G, Fisher M. Nicorandil. <em>Practical Diabetes</em></td>
<td>Review (relevant study references noted and included)</td>
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<td>International. 2009; 26(2):78-79</td>
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**New Drugs**

**Included studies**
### STUDY


### Excluded studies

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<table>
<thead>
<tr>
<th>Reference</th>
<th>Source</th>
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<tbody>
<tr>
<td>Koylan N, Bilge AK, Adalet K et al. Comparison of the effects of trimetazidine and diltiazem on exercise performance in patients with coronary heart disease. The Turkish trimetazidine study (TTS). Acta Cardiol. 2004;</td>
<td>Trimetazidine</td>
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<td>Treatment</td>
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<tr>
<td>Cesar LA, Gowdak LH, Mansur AP. The metabolic treatment of patients with coronary artery disease: effects on</td>
<td>Review</td>
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<tr>
<td>Quality of life and effort angina. Curr Pharm Des. 2009; 15(8):841-849.</td>
<td>Follow-up 2.5-3 hours</td>
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<tr>
<td>Morrow DA, Scirica BM, Chaitman BR et al. Evaluation of the glycometabolic</td>
<td>Participants with Acute</td>
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<tr>
<td>Study Title</td>
<td>Journal/Source</td>
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Stable angina: FULL guideline draft (December 2010)                 Page 43 of 143
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<td>Pepine CJ, Wolff AA. A controlled trial</td>
<td>SD/SE not reported. Data</td>
</tr>
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<td>Notes</td>
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<tr>
<td>Fox KM. Ivabradine - A selective and specific I&lt;sub&gt;f&lt;/sub&gt; inhibitor: Efficacy and safety in stable angina. European Heart Journal - Supplement. 2003; 5(G):G36-G45.</td>
<td>No numerical data. Graph form. Angina attack data for 10 mg only, BNF max dose 7.5 mg.</td>
<td></td>
</tr>
<tr>
<td>Fox KM, Ford I, Steg PG et al. Ivabradine for patients with stable coronary artery disease and left-ventricular systolic dysfunction (BEAUTIFUL): a randomised, double-blind, placebo-controlled trial. Lancet. 2008; 372(9641):807-816.</td>
<td>Angina patients &lt; 60% (sub group analysis for angina patients included in the review)</td>
<td></td>
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<tr>
<td>Amosova EN, Andrejev E, Zadereij I. Anti-ischemic and antianginal efficacy of ivabradine in combination with bisoprolol vs. uptitration of bisoprolol. Fundam Clin Pharmacol. 2010;</td>
<td>abstract</td>
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REVASCULARISATION VS. MEDICAL THERAPY

Included Studies

<table>
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<td>Boden WE, O’Rourke RA, Teo KK et al. Optimal medical therapy with or</td>
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<td>Pfisterer M, Trial of Invasive versus Medical therapy in Elderly patients</td>
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<tr>
<td>Frick MH, Harjola PT, Valle M.</td>
<td>Coronary bypass surgery in stable angina pectoris. A randomized study of the effects on morbidity, mortality and</td>
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|---|
### Stable angina: FULL guideline draft (December 2010)


Hueb W, Lopes N, Gersh BJ et al. Ten-Year Follow-Up Survival of the Medicine, Angioplasty, or Surgery Study (MASS II). A Randomized Controlled Clinical Trial of 3 Therapeutic Strategies for Multivessel Coronary Artery Disease. *Circulation*. 2010;


### Excluded Studies

<table>
<thead>
<tr>
<th>Study</th>
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<tbody>
<tr>
<td>Boden WE, O’Rourke RA, Teo KK et al. The evolving pattern of symptomatic coronary artery disease in the United States and Canada: baseline characteristics of the Clinical Outcomes Utilizing Revascularization and Aggressive Drug Evaluation (COURAGE) trial. <em>Am J Cardiol.</em> 2007; 99(2):208-212.</td>
<td>Only baseline characteristics</td>
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<tr>
<td>King SB, III. Angioplasty is better than medical therapy for alleviating chronic angina pectoris. <em>Arch Intern Med.</em> 2005; 165(22):2589-2592.</td>
<td>Narrative/article</td>
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<td>Reference</td>
<td>Meta-analysis</td>
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<td>Summary</td>
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<tr>
<td>Atwater BD, Oujiri J, Wolff MR. The immediate impact of the Clinical Outcomes Utilizing Revascularization and Aggressive Drug Evaluation (COURAGE) trial on the management of stable angina. <em>Clin Cardiol.</em> 2009;</td>
<td>Wrong comparison (pre-trial vs post trial)</td>
</tr>
<tr>
<td>Reference</td>
<td>Study Title</td>
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<tr>
<td>Kennedy JN, Davis KB.</td>
<td>Fifteen year follow-up of men and women with initial medical or surgical management of coronary artery disease (abstract).</td>
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<td>Varnauskas E, Olsson SB, Carlstrom E.</td>
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<td>Results in Ref ID 501</td>
<td>Non-RCT</td>
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Pitt B. Percutaneous coronary intervention plus optimal medical therapy was not more effective than medical therapy alone in stable CAD. *Evidence-Based Medicine*. 2007; 12(4):107.


**PCI VS. CABG**

**Included Studies**

<table>
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<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Banning AP, Westaby S, Morice MC et al. Diabetic and Nondiabetic Patients With Left Main and/or 3-Vessel Coronary Artery Disease Comparison of Outcomes With Cardiac Surgery and Paclitaxel-Eluting Stents</td>
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Hueb W, Lopes N, Gersh BJ et al. Ten-Year Follow-Up Survival of the Medicine, Angioplasty, or Surgery Study (MASS II). A Randomized Controlled Clinical Trial of 3 Therapeutic Strategies for Multivessel Coronary Artery Disease. Circulation. 2010;


Excluded List

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<th>Study</th>
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<td>Diegeler A, Spyrantis N, Matin M et al. The</td>
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<td>Grafting versus stent-assisted percutaneous coronary intervention for angina pectoris and multivessel coronary disease in women versus men (one-year results from the Stent or Surgery trial). <em>Am J Cardiol.</em> 2004; 93(4):404-409.</td>
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<td>Brooks MM, Detre KM. The design, patient population and outcomes from the Bypass Angioplasty Revascularization Investigation (BARI) randomized trial and registries. <em>Semin</em></td>
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<td>Kurbaan AS, Bowker TJ, Ilsley CD et al. The effect of adjusting for baseline risk factors and post revascularisation coronary disease on comparisons between coronary angioplasty and bypass surgery. <em>Int J Cardiol.</em> 2001;</td>
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<td>77(2-3):207-214.</td>
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<td>Rodriguez A, Bernardi V, Navia J et al.</td>
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<td>Holper EM, Brooks MM, Kim LJ et al. Effects of Heart Failure and Diabetes Mellitus on Long-Term Mortality After Coronary Revascularization (from the BARI Trial). <em>Am J Cardiol.</em> 2007; 100(2):-202.</td>
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<td>Lombardero MS. Seven-year outcome in the bypass angioplasty revascularization investigation (BARI), by treatment and presence of diabetes. <em>Cardiovascular Reviews and Reports.</em> 2002; 23(1):14-18.</td>
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<td>Starkey IR. The RITA trial. <em>Lancet.</em> 1993;</td>
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<td>Brennan FJ.</td>
<td>A randomized trial of multivessel stent versus coronary bypass. J Am Coll</td>
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<td>Rodriguez A. Argentine randomized study: coronary angioplasty with stenting vs coronary artery bypass surgery in patients with multiple-vessel disease (ERACI 11):30-day</td>
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<td>Taggart DP. Coronary artery bypass graft vs. percutaneous coronary angioplasty: CABG on the rebound? <em>Curr Opin Cardiol.</em> 2007;</td>
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**Meta analysis**

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<td>Alper BS. Evidence-based medicine. CABG increases freedom from angina more than PCI. <em>Clinical Advisor for Nurse Practitioners.</em> 2008; 11(4):131.</td>
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## ASPIRIN/CLOPIDOGREL/TICLODIPINE

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<td>Passamani ER. Summary of ongoing clinical trials of platelet-active drugs in cardiovascular disease.</td>
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<td>Khan H, Jan H, Hafizullah M. Study on clopidogrel in inhibition of platelet aggregation in suspected angina patients, treated with a daily dose of 75 mg of clopidogrel for 7 days. Iranian Journal of Pharmaceutical Research. 2009; 8(2):135-140. Outcome not relevant (platelet aggregation)</td>
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Knight CJ. Antiplatelet treatment in stable coronary artery disease. [Review] [16 refs]. Heart. 2003; 89(10):1273-1278.


Widimsky P, Motovska Z, Simek S et al. Clopidogrel pre-treatment in stable angina: for all patients > 6 h before elective coronary angiography or only for angiographically selected patients a few minutes before PCI? A randomized multicentre trial PRAGUE-8.[see comment]. Eur Heart J. 2008; 29(12):1495-1503.


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<td>Anon. A randomized, controlled trial of aspirin in persons recovered from myocardial infarction. <em>Journal of the American Medical Association.</em> 1980; 243(7):661-669.</td>
<td>33% of patients with angina</td>
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**STATINS**

**Included studies**
### Study


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<td>Murphy SA. Heart Institute of Japan Candesartan Randomized Trial for Evaluation in Coronary Artery Disease (HIJ-CREATE). <em>ACC Cardiosource Review Journal.</em> 2007; 16(12):77.</td>
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<tr>
<td>Baller D, Notohamiprodjo G, Gleichmann U et al. Improvement in coronary flow reserve determined by positron emission tomography after 6 months of cholesterol-lowering therapy</td>
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ACE/ARB

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ACE/ARB

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<td>Hansen JF, Hagerup L, Sigurd B et al. Treatment with verapamil and</td>
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<td>trandolapril in patients with congestive heart failure and angina</td>
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<td>Black HR, Elliott WJ, Grandits G et al. Principal results of the</td>
<td>Hypertensive patients</td>
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<td>Controlled Onset Verapamil Investigation of Cardiovascular End Points</td>
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<td>(CONVINCE) trial. <em>Journal of the American Medical Association.</em> 2003;</td>
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<td>289(16):2073-2082.</td>
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<td>Ferrari R. Effects of angiotensin-converting enzyme inhibition with</td>
<td>Participants were elderly patients with</td>
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<td>perindopril on left ventricular remodeling and clinical outcome:</td>
<td>acute MI and preserved LV function.</td>
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<td>results of the randomized Perindopril and Remodeling in Elderly with</td>
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<td>Acute Myocardial Infarction (PREAMI) Study. <em>Arch Intern Med.</em> 2006;</td>
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<td>Daly CA, Fox KM, Remme WJ et al. The effect of perindopril on cardiovascular morbidity and mortality in patients with diabetes in the EUROPA study: results from the PERSUADE substudy.[see comment]. Eur Heart J. 2005; 26(14):1369-1378.</td>
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<td>Bertrand ME, Remme WJ, Fox KM et al. Effects of perindopril on long-term clinical outcome of patients with coronary artery disease and preserved left ventricular function. Int J Cardiol. 2007; 121(1):57-61.</td>
<td>% of patients with stable angina not reported.</td>
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<td>Deckers JW, Goedhart DM, Boersma E et al. Treatment benefit by perindopril in patients with stable coronary artery disease at different levels of risk. Eur Heart J. 2006; 27(7):796-801.</td>
<td>% of patients with stable angina not reported.</td>
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<td>Fox KM, EURopean trial On reduction of cardiac events with Perindopril in stable coronary</td>
<td>81% of patients had no angina</td>
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Hospitalisation data reported graphically.


Follow-up 8 weeks


Follow-up 6 weeks


Methodology paper
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<td>Akhras F, Jackson G. The role of captopril as single therapy in hypertension and angina pectoris. Int J Cardiol. 1991; 33(2):259-266. Ref ID: 305</td>
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<td>Hughes S.</td>
<td>EUROPA study results: Perindopril benefits broad range of patients with stable coronary artery disease. Abstract</td>
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<td>Outcomes outside remit (end diastolic volume index, ejection fraction)</td>
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| Kanadasi M, Demir M, Demirtas M et al. | Effects of lisinopril, atenolol, and isosorbide 5-mononitrate on angina pectoris and QT dispersion

Follow-up 8 weeks
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<td>Bertrand ME, Fox KM, Remme WJ et al. Angiotensin-converting enzyme inhibition with perindopril in patients with prior myocardial infarction and/or revascularization: a subgroup analysis of the EUROPA trial. Archives of Cardiovascular Diseases. 2009; 102(2):89-96. Ref ID: 9047</td>
<td>Sub group analysis of patients who had prior MI or had revascularisation (Angina patients &lt;60%)</td>
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<td>Chocron S, Baillot R, Rouleau JL et al. Impact of previous percutaneous transluminal coronary angioplasty and/or stenting revascularization on outcomes after surgical revascularization: insights from the</td>
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<td>Leenen FH, Nwachuku CE, Black HR et al. Clinical events in high-risk hypertensive patients randomly assigned to calcium channel blocker versus angiotensin-converting enzyme inhibitor in the antihypertensive and lipid-lowering treatment to prevent heart attack trial.[see comment]. Hypertension. 2006; 48(3):374-384. Ref ID: 9062</td>
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<td>van Mieghem W. Prevention of major cardiovascular events with an angiotensin-converting enzyme</td>
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<td>inhibitor or an angiotensin receptor blocker early or late after stroke. J Hypertens. 2009; 27:S26-S31. Ref ID: 9069</td>
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<td>Bertrand ME, Ferrari R, Remme WJ et al. Clinical synergy of perindopril and calcium-channel blocker in the prevention of cardiac events and mortality in</td>
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## RISK SCORES/MODELS

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<td>Helfand, R. H. &quot;Stable angina pectoris. Risk stratification and therapeutic options.&quot; Circulation, 82.3 SUPPL. (1990): II.</td>
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**Prognostic tests**

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<td>Amanullah, A. M. &quot;Diagnostic and prognostic value of myocardial perfusion imaging in patients with known or suspected stable coronary artery disease.&quot; Echocardiography 17.6 (2000): 587-95.</td>
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<td>Lauer, M. S., et al. &quot;An externally validated model for predicting</td>
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<td>suspected coronary artery disease and a normal electrocardiogram.&quot;</td>
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<td>stress testing with myocardial perfusion imaging and echocardiography</td>
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<td>in patients with</td>
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<td>angina pectoris.&quot; European Journal of Nuclear Medicine &amp; Molecular</td>
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<th>Prognostic Value</th>
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### REHABILITATION FOR STABLE ANGINA

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<tr>
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<td>Wosornu D, Bedford D,</td>
<td>Not reported If they were stable</td>
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<tr>
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**Lifestyle**

**Included Studies**

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## Excluded Studies

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<tr>
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**Pain interventions**

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<tr>
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<td>RCT</td>
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<tr>
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<td>randomised). N=33</td>
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<td>Not relevant to</td>
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### Cardiac Syndrome X References

#### Included Studies

Stable angina: FULL guideline draft (December 2010)
Study


Excluded studies

Study


Reasons for exclusion

Not RCT
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