1 Guideline title

Acute coronary syndromes: assessment and management of acute coronary syndromes

1.1 Short title

Acute coronary syndromes

2 Background

a) The National Institute for Health and Clinical Excellence (‘NICE’ or ‘the Institute’) has commissioned the National Collaborating Centre for Chronic Conditions to develop a clinical guideline on acute coronary syndromes for use in the NHS in England and Wales. This follows referral of the topic by the Department of Health (see appendix). The guideline will provide recommendations for good practice that are based on the best available evidence of clinical and cost effectiveness.

b) The Institute’s clinical guidelines will support the implementation of National Service Frameworks (NSFs) in those aspects of care where a Framework has been published. The statements in each NSF reflect the evidence that was used at the time the Framework was prepared. The clinical guidelines and technology appraisals published by the Institute after an NSF has been issued will have the effect of updating the Framework.

c) NICE clinical guidelines support the role of healthcare professionals in providing care in partnership with patients, taking account of their individual needs and preferences, and ensuring that patients (and
their carers and families, where appropriate) can make informed
decisions about their care and treatment.

3 Clinical need for the guideline

The term acute coronary syndromes encompasses a range of conditions from
unstable angina to myocardial infarction (MI), arising from thrombus formation
on atheromatous plaque. Prognosis is poor and mortality remains high,
particularly in people who have had an MI. Timely assessment and
classification of the presenting chest pain are important, and are dealt with in
the chest pain guideline entitled ‘Acute chest pain: assessment, investigation
and management of acute chest pain of suspected cardiac origin’ that is being
developed in parallel with this one by the National Collaborating Centre for
Primary Care. Appropriate triage and use of acute interventions, whether
invasive or pharmacological, are vital, and are addressed in this guideline.

4 The guideline

a) The guideline development process is described in detail in two
publications that are available from the NICE website (see ‘Further
information’). ‘The guideline development process: an overview for
stakeholders, the public and the NHS’ describes how organisations
can become involved in the development of a guideline. ‘The
guidelines manual’ provides advice on the technical aspects of
guideline development.

b) This document is the scope. It defines exactly what this guideline
will (and will not) examine, and what the guideline developers will
consider. The scope is based on the referral from the Department
of Health (see appendix).

c) The areas that will be addressed by the guideline are described in
the following sections.
4.1 **Population**

4.1.1 **Groups that will be covered**

Adults (18 years and older) with chest pain, once a diagnosis of acute coronary syndrome has been established. The National Collaborating Centre for Primary Care is developing a guideline on assessment, investigation and management of acute chest pain of suspected cardiac origin.

a) of suspected cardiac origin in parallel with this one. That guideline will address assessment and examination prior to the diagnosis of acute coronary syndrome.

b) Adults with acute coronary syndromes ranging from unstable angina to MI.

4.1.2 **Groups that will not be covered**

a) Adults with acute heart failure not due to an acute coronary syndrome.

b) Adults with undifferentiated chest pain.

c) Children under 18 years old.

4.2 **Healthcare setting**

Primary, secondary and tertiary healthcare centres.

4.3 **Clinical management**

a) Role of electrocardiogram and cardiac biomarkers in guiding the clinical assessment and management.

b) Risk stratification for triage and management purposes.

c) Reperfusion therapies (that is, pharmacological fibrinolysis or catheter-based percutaneous coronary intervention (PCI) approaches.
d) Role of coronary artery bypass graft.

e) Other pharmacological therapies such as antiplatelets, anticoagulants, beta-blockers, angiotensin-converting enzyme inhibitors.

f) Management of major early post-MI complications such as cardiogenic shock.

g) The guideline development group will consider making recommendations on the principle complementary and alternative interventions or approaches to care relevant to the guideline topic.

h) The guideline development groups will take reasonable steps to identify ineffective interventions and approaches to care. If robust and credible recommendations for re-positioning the intervention for optimal use, or changing the approach to care to make more efficient use of resources, can be made, they will be clearly stated. If the resources released are substantial, consideration will be given to listing such recommendations in the ‘Key priorities for implementation’ section of the guideline.

Note that guideline recommendations will normally fall within licensed indications; exceptionally, and only where clearly supported by evidence, use outside a licensed indication may be recommended. The guideline will assume that prescribers will use a drug’s summary of product characteristics to inform their decisions for individual patients.

4.4 Status

4.4.1 Scope

This is the consultation draft of the scope. The consultation period is 14 September 2007 to 12 October 2007.

The following related NICE guidance will be referred to as appropriate.


In development

Acute chest pain: investigation, assessment and management of acute chest pain of suspected cardiac origin. NICE clinical guideline (publication date to be confirmed)

Laser transmyocardial revascularisation for refractory angina pectoris. NICE interventional procedure guidance (publication date to be confirmed)

Percutaneous laser revascularisation for refractory angina pectoris. NICE interventional procedure guidance (publication date to be confirmed)
4.4.2 Guideline

The development of the guideline recommendations will begin in March 2008.

5 Further information

Information on the guideline development process is provided in:

- ‘The guideline development process: an overview for stakeholders, the public and the NHS’
- ‘The guidelines manual’.

These booklets are available as PDF files from the NICE website (www.nice.org.uk/guidelinesmanual). Information on the progress of the guideline will also be available from the website.
Appendix: Referral from the Department of Health

The Department of Health asked the Institute:

To prepare a clinical guideline on the assessment and management of adults in primary and secondary care presenting with symptoms of suspected recent onset or deteriorating coronary heart disease for the purposes of inclusion or exclusion of a cardiac diagnosis.