NSTEMI/unstable angina: early management

NICE National Institute for Health and Care Excellence

Initial antiplatelet therapy - Offer a 300-mg loading dose of aspirin and continue aspirin indefinitely unless contraindicated

Initial antithrombin therapy - Offer fondaparinux unless high bleeding risk or immediate angiography. Think about choice and dose of antithrombin if high bleeding risk (advancing age, bleeding complications, renal impairment, low body weight). Consider unfractionated heparin with dose adjusted to clotting function if creatinine above 265 micromoles/litre

Use established risk scoring system, such as GRACE, to predict 6-month mortality and risk of cardiovascular events. Include in the risk assessment clinical history, physical examination, resting 12-lead ECG and blood tests (troponin I or T, creatinine, glucose, haemoglobin). Balance possible benefits of treatment against bleeding risk.

Low risk
(predicted 6-month mortality ≤ 3%)

Consider conservative management without angiography but be aware that some younger people may benefit from early angiography

Offer ticagrelor with aspirin unless high bleeding risk
Consider clopidogrel with aspirin, or aspirin alone, for high bleeding risk
Consider ischaemia testing before discharge

Consider angiography (with follow-on PCI if indicated) if ischaemia develops or shown on testing

Intermediate or higher risk
(predicted 6-month mortality > 3%)

Offer immediate angiography if clinical condition unstable
Otherwise, consider angiography (with follow-on PCI if indicated) within 72 hours if no contraindications such as comorbidity or active bleeding

If no separate indication for oral anticoagulation, offer prasugrel* or ticagrelor with aspirin. If a person has a separate indication for oral anticoagulation, offer clopidogrel with aspirin. Only give prasugrel once PCI intended
Offer systemic unfractionated heparin in catheter laboratory if having PCI
Offer a drug-eluting stent if stenting indicated

*For people aged 75 and over, think about whether bleeding risk with prasugrel outweighs its effectiveness

If follow-on PCI not done, consider angiography findings, comorbidities and risks and benefits when discussing management strategy with the interventional cardiologist, cardiac surgeon and the patient

Assess left ventricular function for NSTEMI
Consider assessing for unstable angina

Cardiac rehabilitation and secondary prevention

This is a summary of the recommendations on early management of unstable angina and NSTEMI from NICE's guideline on acute coronary syndromes. See the guideline at www.nice.org.uk/guidance/NG185