

World Cardiology Summit 2020: Ranolazine in refractory and chronic stable angina Dr Samer Ellahham

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Introduction:

The 2019 European Society of Cardiology tips for CCS suggest the use of ranolazine as an adjunct remedy for these no longer managed through first line treatments. The preparation highlights the significance of tailoring pharmacological cures to affected person precise traits and preferences. It states that ranolazine have to be regarded as a 2d line remedy to decrease the wide variety of angina episodes and to enhance workout tolerance in these who can't tolerate, or their signs are no longer managed by, beta-blockers, calcium channel blockers or lengthy performing nitrates. Additionally, ranolazine may also be regarded as a first line remedy in sufferers with low coronary heart charge and blood pressure. The National Institute for Health and Care Excellence (NICE) Stable Angina Management Guidelines (2011) provide comparable recommendations. It states that ranolazine might also be used as a monotherapy if beta blockers or calcium channel blockers can't be used or tolerated. The NICE practise additionally recommends that ranolazine may additionally be delivered in addition to beta blocker or calcium channel blocker monotherapy if the patient's signs are no longer managed and the different first line remedy is contraindicated. The Scottish Intercollegiate Guidelines Network (SIGN) gives choice tips with regards to the use of ranolazine in the administration of secure angina. SIGN describes the proof concerning ranolazine efficacy as conflicting.

In 2012, the Scottish Medicines Consortium (SMC) did not approve ranolazine to be used as an add on remedy for steady angina in these who can't tolerate first line cures or who are symptomatic in spite of their use. Consequently, one-of-a-kind approval had to be requested for its use in Scotland. This was once the case in Tay side, Scotland originally thru Individual Patient Treatment Request and latterly thru a Local New Medicine Treatment Protocol and Stable Angina Pathway. The intention of this find out about was once to set up the modern-day ranolazine prescribing practices in a massive Scottish educating health facility and to check its have an effect on and tolerability inside our affected person cohort on angina symptom relief.

Aim/Objectives:

The modern Scottish Intercollegiate Guidelines Network (SIGN) hints propose beta blockers and dihydropyridine calcium channel blockers as first-line dealers for refractory angina pectoris. Despite being optimally handled with

pharmacotherapy and revascularization, up to 40% of sufferers nonetheless journey symptoms. Ranolazine, a piperazine derivative, selectively inhibits late sodium currents and is of unique pastime as it is presently no longer encouraged mechanically by way of SIGN pointers and Scottish Medicine Consortium (SMC) however has been prescribed in Tayside, at the beginning thru IPTR for the reason that 2017 and currently thru a Local New Medicine Treatment Protocol and Stable Angina Pathway. Real world ride of ranolazine prescribing in sufferers with persistent and regularly refractory angina is now not broadly reported. We consequently audited its use in Tayside to apprehend its prescribing sample inside our affected person populace and examine its outcomes on angina symptom relief.

Keywords: Heart rate • Ischemia • Ranolazine • Angina • Acute coronary syndrome

Methods:

We retrospectively analyzed fitness information of sufferers who have been prescribed Ranolazine for both persistent secure angina or refractory angina in our clinic between 1st January 2012 to thirty first December 2018. As Ranolazine is no longer presently encouraged as an anti-anginal agent via the Scottish Medicines Consortium (SMC) consequently prescribing used to be on a case through case basis. The accountable clinician used to be required to entire an individualized affected person remedy request (IPTR) and to evaluation the affected person's signs in four weeks to make sure enchantment in symptoms. Patients who had been prescribed ranolazine had been deemed to no longer be appropriate for percutaneous coronary intervention/coronary artery pass graft surgical procedure (CABG), or have already had revascularization however remained symptomatic with no in addition invasive therapy options. Data on demographics, therapy indication, and preceding intervention, concomitant anti anginal agents, Ranolazine dose, and whether or not there was once an enchantment in Canadian Cardiovascular Society signs and symptoms have been collected. Descriptive records have been displayed as imply \pm popular deviation for non-stop variables and numbers and percentages for express variables. This find out about used to be permitted by using the neighborhood institutional evaluation board for facts series and analysis.

Discussion:

We document actual world information on the use of Ranolazine in sufferers with refractory angina and persistent steady angina now not amenable to in addition revascularization. Overall, sufferers in our center had been dealt with with appropriate aggregate of guiding principle directed scientific therapy (GDMT) with 45.7% of sufferers taking three different anti-anginal dealers prior to the addition of Ranolazine, reflecting really appropriate prescribing practice.

□e majority of sufferers (80%) have been on a beta blocker and a nitrate. Despite this, enchantment in CCS angina classification used to be nonetheless found in 77.1% of patients, a discovering that is comparable to preceding work by means of Bennet et al in a 1-year potential registry of one hundred refractory angina patients. Tolerability was once top as we did now not discover any proof of facet results in the 35 sufferers studied. □e most dose required used to be five hundred mg BD in all of our sufferers besides one. □is should of route in part provide an explanation for the lack of determined facet effects.

Results:

35 sufferers have been recognized as appropriate for inclusion in the audit. Mean age was once 71.4 ± 12.5 years ancient and 68.6% have been male. 23 sufferers (65.7%) had either a preceding percutaneous coronary intervention (PCI) or coronary artery pass by graft surgical procedure (CABG). The most frequent purpose for ranolazine prescription was once refractory angina (74.3%) with 375 mg BD being the most frequent dose. Prescription of guideline-recommended anti anginal was once excessive with 80% of sufferers being on a beta blocker and a nitrate prior to starting up ranolazine. Encouragingly, 27 sufferers (77.1%) pronounced an enchantment in Canadian Cardiovascular Society (CCS) angina classification and the charge of non-responders was once 22.9%. No damaging results main to discontinuation of ranolazine was once found.

Prescription of different guideline-recommended anti anginal dealers used to be excessive with 80% of sufferers being on a beta blocker and a nitrate prior to go-off ranolazine. Encouragingly, 27 sufferers (77.1%) stated an enchantment in Canadian Cardiovascular Society (CCS) angina category and the charge of non-responders used to be 22.9% all of whom ultimately discontinued Ranolazine use. No negative consequences main to discontinuation of ranolazine was once found.

Conclusion:

Ranolazine may additionally play a position as an extra anti anginal agent with practical fulfillment of symptom manage in sufferers who have refractory angina in spite of the use of different guideline-recommended anti anginal agents.