



Complete Summary

GUIDELINE TITLE

Diagnostic coronary angiography.

BIBLIOGRAPHIC SOURCE(S)

Finnish Medical Society Duodecim. Diagnostic coronary angiography. In: EBM Guidelines. Evidence-Based Medicine [Internet]. Helsinki, Finland: Wiley Interscience. John Wiley & Sons; 2006 Jan 25 [Various]. [18 references]

GUIDELINE STATUS

Note: This guideline has been updated. The National Guideline Clearinghouse (NGC) is working to update this summary.

COMPLETE SUMMARY CONTENT

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SCOPE

DISEASE/CONDITION(S)

Coronary heart disease, with or without angina pectoris

GUIDELINE CATEGORY

Diagnosis
Management

CLINICAL SPECIALTY

Cardiology
Family Practice
Internal Medicine

INTENDED USERS

Health Care Providers
Physicians

GUIDELINE OBJECTIVE(S)

Evidence-Based Medicine Guidelines collects, summarizes, and updates the core clinical knowledge essential in general practice. The guidelines also describe the scientific evidence underlying the given recommendations.

TARGET POPULATION

- Patients with angina pectoris
- Patients without angina pectoris in whom angiography may be indicated or considered

INTERVENTIONS AND PRACTICES CONSIDERED

Coronary angiography

MAJOR OUTCOMES CONSIDERED

Not stated

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Hand-searches of Published Literature (Primary Sources)
Hand-searches of Published Literature (Secondary Sources)
Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

The evidence reviewed was collected from the Cochrane database of systematic reviews and the database of abstracts of reviews of effectiveness (DARE). In addition, the Cochrane Library and medical journals were searched specifically for original publications.

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Weighting According to a Rating Scheme (Scheme Given)

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Levels of Evidence

- A. Strong research-based evidence. Multiple relevant, high-quality scientific studies with homogenic results.
- B. Moderate research-based evidence. At least one relevant, high-quality study or multiple adequate studies.
- C. Limited research-based evidence. At least one adequate scientific study.
- D. No research-based evidence. Expert panel evaluation of other information.

METHODS USED TO ANALYZE THE EVIDENCE

Review of Published Meta-Analyses
Systematic Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Not stated

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Not stated

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

Note: This guideline has been updated. The National Guideline Clearinghouse (NGC) is working to update this summary. The recommendations that follow are based on the previous version of the guideline.

Aims

- To determine the extent of anatomic coronary artery obstruction when coronary artery bypass grafting (CABG) or percutaneous transluminal coronary angioplasty (PTCA) is considered.
- To evaluate difficult diagnostic problems in patients with unstable angina, survival of sudden death, atypical chest pain.

Indications in Patients with Angina Pectoris (AP)

- Severe stable AP resistant to medication
- Occlusion of left anterior descending artery (LAD) or a 3-vessel disease is suspected on the basis of an exercise tolerance test (also when the symptoms are mild)
 - Ischaemic ST (>2 mm) with minimal load and low heart rate
 - Deficient rise in blood pressure (BP) during exercise test
- AP after acute myocardial infarction
 - Pain at rest or when walking while the patient is still in the hospital
 - AP and severe heart failure (myocardial stunning)
 - ST-depression outside the infarction area during exercise
- Unstable AP resistant to medication
- AP following PTCA
- In cases of rapidly recurring AP after CABG, if PTCA may be considered.

Indications in Patients without AP

- Angiography may be indicated or considered:
 - In patients accepted for heart surgery (e.g., valve prosthesis)
 - In survivors of ventricular fibrillation without myocardial infarction (MI)
 - When the exercise electrocardiogram (ECG) changes are clearly pathological
 - In acute pulmonary oedema without evident cause
 - When ECG after a T-wave infarction (non-Q-wave infarction) shows long lasting and wide T inversions in anterior wall leads
 - When MI is diagnosed with biochemical markers while ECG is normal
 - As a diagnostic method in special situations (e.g., when symptoms are atypical, or when left bundle branch block [LBBB] and left ventricular hypertrophy [LVH] disturb the interpretation of the exercise test)

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

Concise summaries of scientific evidence attached to the individual guidelines are the unique feature of the Evidence-Based Medicine Guidelines. The evidence summaries allow the clinician to judge how well-founded the treatment

recommendations are. The type of supporting evidence is identified and graded for select recommendations (see the "Major Recommendations" field).

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

Appropriate use of coronary angiography to diagnosis the extent of coronary artery obstruction before coronary bypass grafting (CABG) or percutaneous transluminal coronary angioplasty (PTCA)

POTENTIAL HARMS

Not stated

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Getting Better

IOM DOMAIN

Effectiveness

IDENTIFYING INFORMATION AND AVAILABILITY

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ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

2001 Apr 30 (revised 2006 Jan 25)

GUIDELINE DEVELOPER(S)

Finnish Medical Society Duodecim - Professional Association

SOURCE(S) OF FUNDING

Finnish Medical Society Duodecim

GUIDELINE COMMITTEE

Editorial Team of EBM Guidelines

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Primary Authors: Editors

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

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GUIDELINE AVAILABILITY

This guideline is included in "EBM Guidelines. Evidence-Based Medicine" available from Duodecim Medical Publications, Ltd, PO Box 713, 00101 Helsinki, Finland; e-mail: info@ebm-guidelines.com; Web site: www.ebm-guidelines.com.

AVAILABILITY OF COMPANION DOCUMENTS

None available

PATIENT RESOURCES

None available

NGC STATUS

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