March 2, 2021 AHD Objectives

Diagnostic Testing for CAD

1. Describe typical angina, atypical angina, and non-anginal chest pain. Know how a patient’s gender and age associated with each of these types of chest pain determine the pre-test probability for CAD.
2. Understand how pre-test probability is used when interpreting the results of a diagnostic test for CAD.
3. Fill in the following table:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Type of test | Functional or Anatomic | Indications | Contra-indications | Sensitivity | Specificity |
| Exercise Stress Test |  |  |  |  |  |
| Dobutamine  ECHO |  |  |  |  |  |
| Vasodilator stress nuclear test |  |  |  |  |  |
| CT Calcium  Score |  |  |  |  |  |
| CT  Coronary  arteriogram |  |  |  |  |  |
| Fractional-flow reserve on  CT scan |  |  |  |  |  |
| Fractional-flow reserve on angiogram |  |  |  |  |  |

1. Using cases, apply the correct diagnostic test for the clinical scenario described.

CAD Prevention:

1. List the seven metrics of cardiovascular health. Which of these seven risk factors impart the highest risk for myocardial infarction?
2. Describe the lipid treatment goals for primary prevention of cardiovascular events in high-risk patients and moderate-risk patients and for secondary prevention.
3. Describe the increased risk of mortality, stroke, and CAD in patients who smoke. Describe how smoking cessation reduces cardiovascular risk.
4. Describe the Framingham Cardiovascular Risk Score, The Reynolds risk score, and the Pooled Cohort Equation and each of their advantages and disadvantages.
5. Describe the appropriate screening recommendations for lipids according to the ACC/AHA and USPSTF.

Preoperative Cardiac Risk Stratification

1. Describe the internist’s role in the evaluation of the patient for preoperative cardiac assessment. Describe the patient who should be seen by a cardiologist before surgery.
2. Describe the patient who is low, intermediate, and high risk for perioperative Major Adverse Cardiac Event (MACE) according to the Revised Cardiac Risk Index (RCRI) and the American College of Surgeons National Quality Improvement Program (NSQIP).
3. List the surgeries that are considered low, intermediate, and high risk.
4. Define emergent, urgent, and elective surgery.
5. Define metabolic equivalent (MET) and describe the activities that require 4 or more METs.
6. Apply the ACC/AHA algorithm to patient cases to determine the correct perioperative plan.