

# CORONARY ARTERY DISEASE

(Coronary Atherosclerosis; Ischemic Heart Disease)



## BASIC INFORMATION

### DESCRIPTION

Heart disease that is due to hardening and narrowing of the coronary arteries that provide the blood supply to the heart. There are three main coronary arteries. When any or all become narrowed, they can no longer provide adequate oxygen for heart cells. The disorder often affects adults of both sexes over age 40. It is less common in women before menopause.

### FREQUENT SIGNS AND SYMPTOMS

- Usually no symptoms occur in the early stages.
- Angina pectoris (burning, squeezing, heaviness, or tightness in the chest that may extend to the left arm, neck, jaw, or shoulder blade).
- Irregular heart rate.
- Heart attack.

### CAUSES

It usually results from atherosclerosis. This is a build-up of plaque on the artery walls.

### RISK INCREASES WITH

- Smoking.
- Hypertension (high blood pressure).
- Family history of coronary artery disease, diabetes, high blood pressure, or atherosclerosis.
- Poor nutrition, especially too much fat in the diet.
- Previous heart attack or stroke.
- Lack of exercise.
- Hostile or impatient personality type.
- Elevated cholesterol or LDL (low density lipoprotein) and/or low level of HDL (high-density lipoprotein).
- Overweight.

### PREVENTIVE MEASURES

- Don't smoke.
- Eat a low-fat, low-salt, high-fiber diet.
- Exercise regularly.
- One aspirin a day (if medically advised).
- Reduce stress level when possible.
- If you have diabetes or hypertension, adhere to the treatment plan, including diet limits.
- Maintain ideal body weight.

### EXPECTED OUTCOMES

Symptoms can usually be controlled with treatment and prolong life and improve its quality.

### POSSIBLE COMPLICATIONS

- Heart attack or stroke.
- Kidney disease.
- Congestive heart failure.
- Heartbeat irregularity problems.
- Sudden death.



## DIAGNOSIS & TREATMENT

### GENERAL MEASURES

• Your health care provider will do a physical exam. Medical tests may include electrocardiogram (measures electrical activity of the heart), echocardiogram (measures sound waves), exercise-tolerance test, coronary calcium scoring, radionuclide stress test, blood studies, x-rays of the chest, and coronary angiogram (cardiac catheterization).

• Treatment may include drug therapy, lifestyle changes, and surgery.

• Lifestyle changes include diet changes, losing weight, exercising, stopping smoking, and stress control.

• Counseling for stress problems may be helpful.

• Stop smoking. Find a way to quit that works for you.

• Surgical treatment is available in some high-risk patients. Balloon angioplasty can open narrowed vessels. Vein graft bypass can help restore blood to the heart. Large arterial obstructions can be removed by endarterectomy. Entire segments of diseased vessels can be replaced by woven plastic tube grafts.

• End-stage coronary artery disease can still be cured with a heart transplant (in rare cases).

• To learn more: American Heart Association, local branch listed in telephone directory, or call (800) 242-8721; website: [www.americanheart.org](http://www.americanheart.org).

### MEDICATIONS

• Nitroglycerin, anticoagulants, drugs for angina pectoris and blood-vessel spasms, and drugs to increase the blood supply to the heart may be prescribed.

• Cholesterol-lowering drugs are usually prescribed.

• Vitamin supplements may be recommended.

### ACTIVITY

20 to 30 minutes of aerobic exercise each day (if able).

### DIET

Eat a low-fat, high-fiber diet that includes fruits and vegetables. Begin a weight loss diet, if overweight.



## NOTIFY OUR OFFICE IF

• You or a family member has symptoms of coronary artery disease

• After diagnosis, new or unexplained symptoms occur.

Special notes:

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