Medications: The following medications may be recommended for patients with CHD, depending on individual circumstances:

- **ACE inhibitors** (or angiotensin-2 receptor blockers, if ACEi not tolerated).
- **Beta blockers** (or calcium-channel blockers, if beta blockers not tolerated).
- **Aspirin (low dose)** and/or other antiplatelet agent. Dual antiplatelet therapy with both clopidogrel and aspirin is recommended for one year following drug-eluting stent placement.
- **Statin drugs**

Note: If needed to achieve blood pressure control, diuretics may be added to initial therapy.

Written action plan for responding to new, different, or worsening symptoms.

Management of lipid levels: Regardless of baseline LDL levels, most patient with CHD will benefit from statin therapy to reduce LDL by 30 to 40 percent. Some expert guidelines recommend higher doses of statins (as tolerated) to reach specific LDL targets (e.g., below 100 or below 70), based on trials comparing lower doses vs. higher doses of statins. However, based on current evidence, the majority of the benefit of statins is achieved by lowering LDL by 30 to 40 percent. Lipid profile should be measured at least annually. Repeat lipid profiles at about four to six weeks after hospitalization and two to three months after initiation of or change in lipid-lowering medications.

**Blood pressure management** to achieve goal of <140/90 (<130/80 if patient is diabetic). Blood pressure should be measured at each physician visit.

**Exercise:** Encourage at least 30 minutes of activity 3 to 4 days per week (preferably daily), as tolerated.

**Weight Management** to achieve or maintain BMI 18.5 to 24.9 kg/m². When BMI exceeds 25, target waist circumference is 40 inches or less in men or 35 inches in women.

**Smoking cessation:** All patients.

**Depression:** Chronic disease in general, and coronary artery disease in particular, is a risk factor for depression. Screening improves the accurate identification of depression in primary care settings, and treatment of depressed adults identified in primary care settings decreases clinical morbidity. Two simple questions (“Over the past 2 weeks, have you felt down, depressed, or hopeless?” and “Over the past 2 weeks, have you felt little interest or pleasure in doing things?”) may be used as a screening tool.

**Influenza vaccine:** Annually for all patients, age 6 months and older, with chronic cardiovascular conditions (including CHD), and for household contacts and caregivers of adults or children with medical indications.

**Pneumococcal vaccine:** All adults age 65 years and older. All patients, age 2 years and older, with chronic cardiovascular diseases (including CHD). A second dose is recommended five years after the first for some groups, including (not a complete list) patients with chronic kidney disease, those who are immunocompromised, and those vaccinated before age 65.