

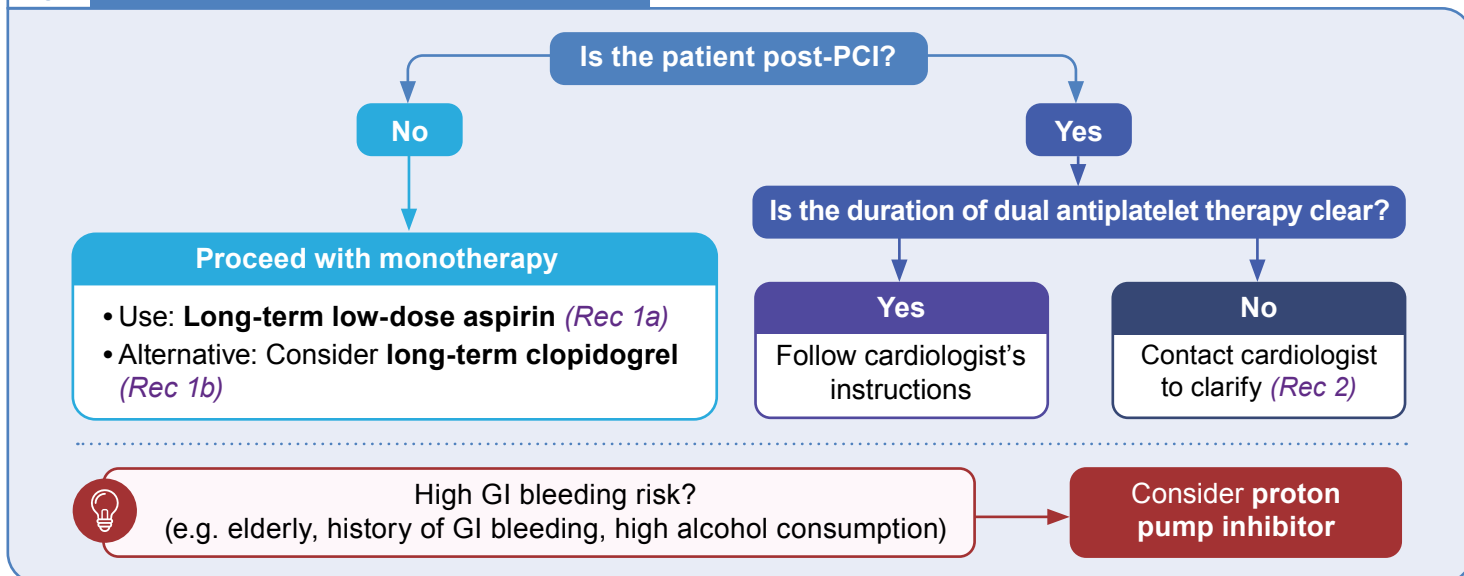
## Management of Chronic Coronary Syndrome (CCS) ACE Clinical Guideline (ACG): Summary

This is a summary of the [ACG on the management of patients with established CCS](#) due to obstructive coronary artery disease, also known as stable ischaemic heart disease (IHD). It excludes vasospastic or microvascular angina, and unstable or new-onset heart failure (HF).

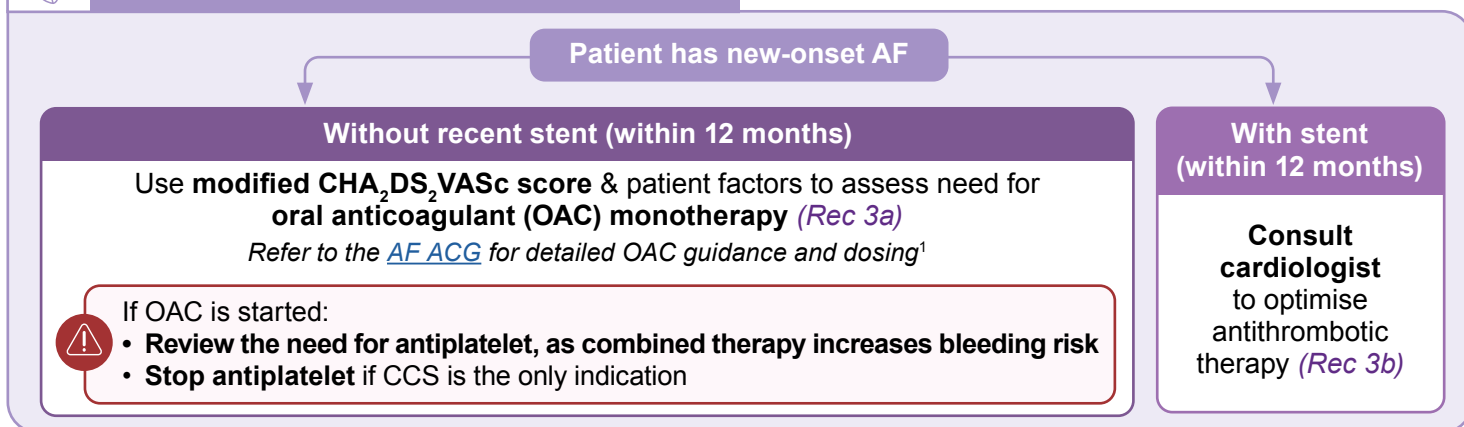
For full details, scan the QR code or read the full ACG here: [go.gov.sg/acg-ccs](http://go.gov.sg/acg-ccs)



### Initiate or Review Antiplatelet Therapy



### Screen for and Manage Atrial Fibrillation (AF)



### Optimise Comorbidities or Associated Conditions (Rec 4)

Common Condition	Goal	Target	Pharmacological Treatment
Type 2 diabetes mellitus <sup>2*</sup>	Improve glycaemic control & reduce risk of cardiorenal complications	HbA <sub>1c</sub> ≤7% Less strict for older / frail patients	Consider SGLT2i / GLP1-RA
Dyslipidaemia <sup>3*</sup>	Optimise lipid management	LDL-C <1.8 mmol/L If higher CV risk: <1.4 mmol/L	Use maximum tolerated dose of statin ± ezetimibe, ± PCSK9i
Hypertension <sup>4*</sup>	Achieve blood pressure control	BP <130/80 mmHg Less strict for older / frail patients	Use ACEi / ARB / CCB
Chronic kidney disease <sup>5*</sup>	Delay disease progression & reduce CV complications	–	Use maximum tolerated dose of ACEi / ARB + SGLT2i (if persistent albuminuria)
Chronic HF	Slow progression of HF, reduce hospitalisation risk, & improve survival rates	–	If reduced LVEF (≤40%): Use SGLT2i + ARNI + MRA + beta blockers

\*Refer to the respective ACG for more information, including drug dosages.



## Assess New Onset Chest Pain

- Determine whether the chest pain is of cardiac origin, which may indicate an emergency
- Chest pain is more likely cardiac in origin if it is constricting, triggered by exertion, & relieved by rest or glyceryl trinitrate within 5 minutes
- If chest pain of cardiac origin is suspected:
  - A resting 12-lead ECG can offer baseline assessment
  - Offer further investigation, or refer to a tertiary centre / emergency department for more comprehensive assessment



## Manage Angina Symptoms

Goal	First-Line	Additional Options
Immediate relief	Glyceryl trinitrate (sublingual or submucosal)	–
Symptom prevention	Beta blocker (If not tolerant: Use CCB)	Ivabradine, long-acting nitrates, ranolazine, trimetazidine



## Encourage Lifestyle Interventions (Rec 5)

- **Exercise:** ≥150 min moderate or ≥75 min high intensity weekly + resistance training ≥2 days/week, customised to status and ability
- **Smoking cessation:**<sup>6</sup> Strongly encouraged at every visit
- **Diet:** Mediterranean or DASH diet
- **Weight:** Aim for BMI <23 kg/m<sup>2</sup>
- **Psychosocial:** Address stress, anxiety, & depression
- **Sexual activity:** Generally safe if CCS is stable. PDE-5i contraindicated with nitrate medications



## Follow-Up and Monitoring (Rec 6)

- **Frequency:** Depends on severity of condition, changes in symptoms and function, comorbidities, & resource availability
- **Assess:** Symptoms, control of CV risk factors, medication adherence, & care issues
- **Vaccinations:** Remind to keep up to date
- Refer to tertiary care for further tests or collaborative care if required

ACEi, angiotensin-converting enzyme inhibitor; ARB, angiotensin II receptor blocker; ARNI, angiotensin receptor–neprilysin inhibitor; BMI, body mass index; BP, blood pressure; CCB, calcium channel blocker; CV, cardiovascular; ECG, electrocardiogram; DASH, Dietary Approaches to Stop Hypertension; GI, gastrointestinal; GLP-1 RA, glucagon-like peptide-1 receptor agonist; HbA<sub>1c</sub>, glycated haemoglobin; LDL-C, low-density lipoprotein cholesterol; LVEF, left ventricular ejection fraction; MRA, mineralocorticoid receptor antagonist; PCI, percutaneous coronary intervention; PCSK9i, proprotein convertase subtilisin kexin9 inhibitor; PDE-5i, phosphodiesterase-5 inhibitor; Rec, CCS ACG recommendation; SGLT2i, sodium-glucose cotransporter-2 inhibitor.

For further details, refer to the following ACE Clinical Guidelines: <sup>1</sup> Atrial fibrillation: [go.gov.sg/acg-af](http://go.gov.sg/acg-af); <sup>2</sup> Type 2 diabetes mellitus: [go.gov.sg/acg-t2dm-personalising-medications](http://go.gov.sg/acg-t2dm-personalising-medications); <sup>3</sup> Dyslipidaemia: [go.gov.sg/acg-lipid-management](http://go.gov.sg/acg-lipid-management); <sup>4</sup> Hypertension: [go.gov.sg/acg-htn-management](http://go.gov.sg/acg-htn-management); <sup>5</sup> Chronic kidney disease: [go.gov.sg/acg-ckd-management](http://go.gov.sg/acg-ckd-management); <sup>6</sup> Smoking cessation: [go.gov.sg/acg-smoking](http://go.gov.sg/acg-smoking)

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