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Diploma in Pharmacy 2nd Year
Pharmacotherapeutics
Experiment

To Prepare and Discuss notes on Subjective, Objective, Assessment and Plan for Angina Pectoris (real / hypothetical)

Aim:

To Prepare and Discuss notes on Subjective, Objective, Assessment and Plan for Angina Pectoris (real / hypothetical)

Reference :

‘ Dr. Gupta G.D. , Dr. Sharma Shailesh, Dr. Sharma Rahul Kumar, “Practical Manual of Pharmacotherapeutics” Published by Nirali Prakashan, Page no 4 - 9

Theory :

1.Angina Pectoris:

i) Case I

a. Subjective:

- **Name:** ABC **Age:** 57 yrs
- **Sex:** Male
- **Unit:** MED II
- **DOA:** 15/09/2003
- **Reason for Admission:** Complaints of 20-minute episode of diaphoresis and chest pain. The chest pain was central, radiating to the left arm and crushing in nature.
- **Past Medical History:** Nil.
- **Past Medication History:** Nil.
- **Family History:** Nil.
- **Allergies and Social History**: Nil

b. Objective:

- **Height:** 5'2"
- **Weight:** 70 Kg
- **Gait:** Steady
- **BP:** 180/105 mmHg
- **PR:** 83 bpm
- **CVS:** Normal ECG
- **RS:** 16/min
- **Temperature:** 37°C

c. Assessment:

- **Electrocardiogram (ECG):** The ECG shows ST elevation in leads V2-V6 and confirms an anterolateral STEMI, which suggests a completely occluded LAD.
  - ≥1 mm of ST change in at least two contiguous limb leads (II, III, AVF, I, AVL).
  - ≥2 mm of ST change in at least two contiguous chest leads (V1-V6).
  - New left bundle branch block.
- Laboratory Results: It did not suggest myocardial lesions. CK 41 UA. 92 UA (21-215 UЛ), CKMB 0 U/I, 2 U/A (0-20 U/l), troponine 0 ng/ml (0.1-0.5 ng/ml), TGO 19 UA, 15 UЛ (15-37 UA).

d. Plan:

Atorvastatin 80 mg, Clopidogrel 300 mcg, GTN 500 mcg. Ramipril 2.5 mg. Aspirin, Clopidogrel, Atenolol and Atorvastatin have been found to improve prognosis significantly. ACE inhibitors have also been found to improve left ventricular modeling and function after an MI. Furthermore, GTN and morphine have been found to be of only significant symptomatic benefit

ii) Case II

a) Subjective:

- **Name:** XYZ
- **Age:** 47 yrs
- **Sex:** Male
- **Unit:** MED II
- **DOA:** 11/10/2017
- **Reason for Admission:** Complaints of pressing pain behind the sternum radiating to the back with moderate severity of physical exertion, not relieved by nitro-glycerine, shortness of breath when rising to the 3rd floor, periodic numbness of the extremities
- **Past Medical History:** 1989 appendectomy, 2000 hymorotomy, since 2006 - diabetes mellitus type II, since 2011- arterial hypertension.
- **Past Medication History:** Nil
- **Family History:** Mother and father have high blood pressure. Infections, injuries, tuberculosis, sexually transmitted diseases were denied
- **Allergies and Social History:** Nil

b) Objective:

- **Height:** 1.75 m
- **BP:** 145/88 mmHg
- **CVS:** Normal ECG
- **CNS:** unremarkable
- **Weight:** 83 Kg
- **PR:** 70 bpm
- **RS**: 16/min
- **Temperature:** 37°C
- **Oxygen Saturation:** 97%

c) **Assessment:** Laboratory findings of blood glucose level

- **Complete Blood Count:** Normal
- **Urinalysis:** Normal.
- **Biochemical Analysis:** All parameters within the normal range.
- **Fasting Glucose Test:** 8 mmol/l.
- **HbAlc:** 6.53% (N 4.8-5.9%).
- **Lipidogram:** Total cholesterol 6 mmol/1, TG 2.3 mmol/l.
- **ECG:** HR 79 bpm. Depression of the ST segment > 1 mm in leads II, V4 V5, regional disturbances of ventricular contractility. Diffuse disturbances of repolarization processes, signs of left ventricular hypertrophy (LVH).
- **Echocardiography:** Sclerotic changes of aortic walls, aortic and mitral valves. Dilatation of the ascending aorta. Dilatation of the left atrium. Left ventricular hypertrophy Mitral regurgitation of the Ind degree. EF 51%- 44 (N: 55-78%).
- **Abdominal Ultrasound:** Diffuse changes in the parenchyma of the liver and pancreas without enlargement of them. Thickening of the gallbladder wall. Congestion bile in gallbladder. Right-sided hydrocalycosis. Cyst of the right kidney. Split of pyramid-shaped lobes the left kidney. Kidney microcalculus.
- **Angiography:** Right type of coronary blood flow. Moderate of coronary tortuosity on the coronary blood flow. The left coronary artery the trunk is not changed, circumflex and left anterior descending coronary artery and its branches is not visible angiographic signs of atherosclerotic lesion. The right coronary artery - no plaque was detected.
- **Co-morbidity:** Diabetes mellitus type 2, moderate severity, compensation.

d) Plan:

- **Non-pharmacologic:**
  - **Lifestyle modification :** adequate physical activity (aerobic exercise for 30 min 3 or more times a week), body weight correction (BMI 18.5 24.9 kg/m, waist circumference less than 102 cm in men).
- **Dietary Recommendations - Mediterranean Diet:**
  - decrease sodium intake to 4-6 g/day:
  - 200 g of fruit per day (2-3 times);
  - 200 g of vegetables per day (2-3 times);
  - fish, at least 2 times per week, one of the times - sea fish;
  - 30-40 g of dietary fiber per day in the form of whole grain products, vegetables and fruits.
- BP monitoring (target level less than 140/90 mm Hg).
- Glycemia control
- Treatment Strategy :
  - Perindopril 5 mg once daily continuously, under BP control
  - Indapamide 2.5 mg once daily continuously
  - Acetylsalicylic acid 75 mg once daily continuously
  - Rosuvastatin 40 mg 1 time in the evening for 4 weeks. Control AIAT, ASAT after 4 weeks
  - Trimetazidine 60 mg per day for 3 months
  - Kvamatel (famotidine) 20 mg 2 times a day for 14 days
  - Omega-3 polyunsaturated fatty acids 1000 mg daily for 3 months
  - Medical therapy of diabetes

Result :

Notes on subjective, objective, assessment and plan for Angina Pectoris (real/ hypothetical) disease conditions was prepared and discussed.

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