

AHA/ACCF Secondary Prevention and Risk Reduction Therapy for Patients With Coronary and Other Atherosclerotic Vascular Disease: 2011 Update. A Guideline From the American Heart Association and American College of Cardiology Foundation

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Perspective:

The following are 10 points to remember about this guideline.

1. Patients should be asked about tobacco use status at every office visit.
2. All patients should be counseled regarding the need for lifestyle modification: weight control; increased physical activity; alcohol moderation; sodium reduction; and emphasis on increased consumption of fresh fruits, vegetables, and low-fat dairy products.
3. In addition to therapeutic lifestyle changes, statin therapy should be prescribed in the absence of contraindications or documented adverse effects. An adequate dose of statin should be used that reduces low-density lipoprotein cholesterol (LDL-C) to <100 mg/dl AND achieves at least a 30% lowering of LDL-C.
4. For all patients, the clinician should encourage 30-60 minutes of moderate-intensity aerobic activity, such as brisk walking, at least 5 days and preferably 7 days per week.
5. Body mass index and/or waist circumference should be assessed at every visit, and the clinician should consistently encourage weight maintenance/reduction through an appropriate balance of lifestyle physical activity, structured exercise, caloric intake, and formal behavioral programs when indicated to maintain/achieve a body mass

index between 18.5 and 24.9 kg/m².

6. Aspirin 75-162 mg daily is recommended in all patients with coronary artery disease unless contraindicated.

7. Angiotensin-converting enzyme inhibitors should be started and continued indefinitely in all patients with left ventricular ejection fraction $\leq 40\%$ and in those with hypertension, diabetes, or chronic kidney disease, unless contraindicated.

8. Beta-blocker therapy should be used in all patients with left ventricular systolic dysfunction (ejection fraction $\leq 40\%$) with heart failure or prior myocardial infarction, unless contraindicated. (Use should be limited to carvedilol, metoprolol succinate, or bisoprolol, which have been shown to reduce mortality.)

9. Patients with cardiovascular disease should have an annual influenza vaccination.

10. All eligible patients with acute coronary syndrome or whose status is immediately post-coronary artery bypass surgery or post-percutaneous coronary intervention should be referred to a comprehensive outpatient cardiovascular rehabilitation program either prior to hospital discharge or during the first follow-up office visit.

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Topic(s):

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