

CT Coronary Angiography is A Boon to High Risk Coronary Artery Disease Patient

OP Kapoor

Very often I see patients whose family history is extremely bad - father, maternal uncle, paternal uncle, one elder brother have all died or had a massive myocardial infarction before the age of 50. Such patients are prone to get IHD and myocardial infarction.

How to handle such patients?

1. Keeping the weight ideal
2. Regular exercises lifetime
3. Statins to be started at a young age to keep LDL cholesterol below 70 or at least below 100
4. Beta blockers to be started at the slightest indication of BP
5. In absence of symptoms of peptic ulcer syndrome, aspirin to be started even at the age of 40

Ex. Hon. Physician, Jaslok Hospital and Bombay Hospital, Mumbai, Ex. Hon. Prof. of Medicine, Grant Medical College and JJ Hospital, Mumbai - 400 008.

6. Stress test to be done every year after the age of 30
7. Cardiac calcium studies to be done every 3-4 years
8. Finally in presence of any of the above abnormality
 - a. If patient complains of any type of chest pain or dyspnoea, CT coronary angiography should be asked for and if there are blocks which are 30 - 40 per cent, statins to be given in a good dose of at least 20 mg of Rosuvastatin
 - b. In case there is any proxymal block of 60 - 70 per cent, statin dose to be increased to 40 mg and CT coronary angiography to be repeated along with Stress test, 2 D Echo cardiography every 2-3 years
9. This patient should not be allowed to smoke or drink or take tobacco in any form.