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A CONSUMER'S GUIDE

# UNSTABLE ANGINA

November 1996

National Health and  
Medical Research Council

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## Introduction

This pamphlet is derived from the NHMRC's *Clinical practice guidelines for the diagnosis and management of unstable angina*. It presents the key points of the report for the information of people with unstable angina, their families and friends.

This pamphlet does not discuss unstable angina and its treatments in detail as there are many booklets already available which do this (some are listed at the end of the pamphlet). Instead, it aims to summarise some important information about unstable angina to help you when you discuss your treatment with your doctor.

## **What is angina?**

Angina is a form of heart disease. It is caused by a lack of oxygen in the heart muscle. This is due to a blockage in one or more of the coronary arteries which supply the heart with blood. The symptoms of angina can include pain or discomfort in the chest, arms, back, neck or jaw. This pain can be a tightness, severe crushing sensation, or even numbness.

In stable angina, the pain usually occurs during exertion or at times of upset or excitement. It tends to go away within a few minutes of resting.

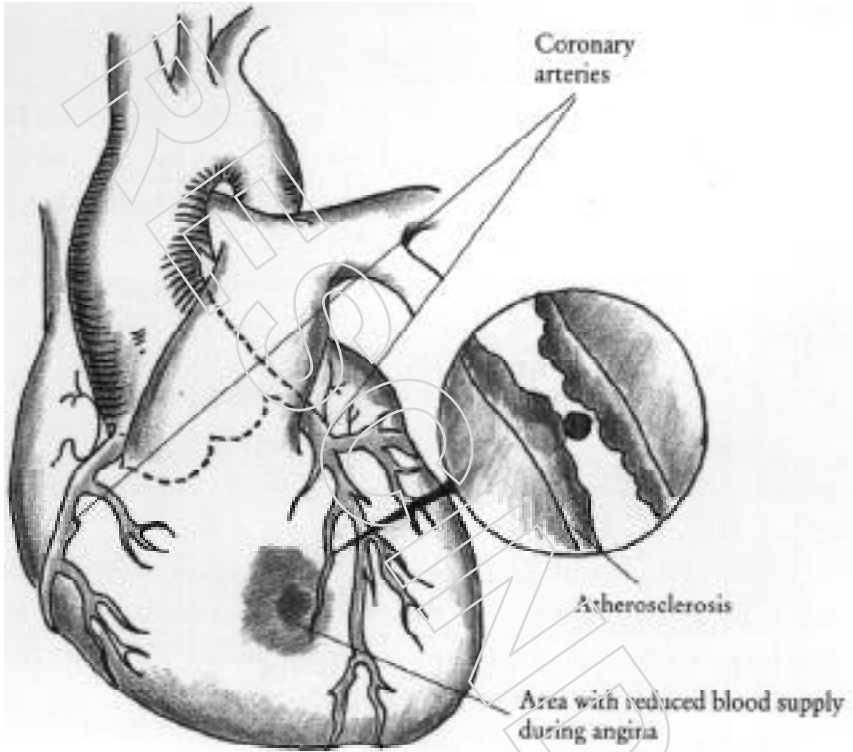
## **What is unstable angina?**

In unstable angina, the pain is less predictable. It can come at any time, sometimes even at rest, and it may not go away so quickly. Unstable angina is of greater concern than stable angina because the risk of a heart attack is greater.

An episode of angina does not cause permanent damage to the heart.

## Unstable angina

The heart, showing the coronary arteries and a blockage forming



Source: National Heart Foundation

## **When should unstable angina be treated?**

Unstable angina is not dangerous to most people who get medical care straight away, but it can be very serious if it is not treated. Only your doctor will be able to tell how serious it is and what should be done.

*If you have never been told that you have coronary heart disease, you should see a doctor if you have any new or severe chest discomfort that is not caused by an injury such as a pulled muscle.*

*If you have been diagnosed with coronary heart disease, your past symptoms are the best guide to whether you should call your doctor about new symptoms. Call your doctor if your discomfort is more severe or lasts longer than the discomfort you have had before, has begun to happen more frequently or with less effort, or happens when you are resting or asleep.*

## **Chest pain can be an emergency**

If your pain or discomfort is very bad, gets worse and lasts longer than 15–20 minutes, even if you have taken medication such as nitroglycerine, *you should go to the hospital straight away, by ambulance if one is immediately available.*

## What will happen in the emergency room?

At the hospital emergency room, the doctors and nurses will decide if you have unstable angina. If you do have unstable angina, they will give you medicines through a vein in your arm to stop your pain, prevent injury to your heart and help your heart work more easily. You probably will be given oxygen to help you breathe and get more oxygen into your blood.

The doctors and nurses will ask how you are feeling and if the medicines have stopped your discomfort. It is important to tell them how you really feel. If the medicines do not stop your discomfort, there are other things they can do to help you.

These things need to be done quickly. The doctors and nurses may not be able to explain everything as it is happening. There will be time for you to ask questions after your doctor finds out how serious your condition is.

When you are in the emergency room you will have an electrocardiogram (ECG). An ECG records on paper the electrical activity of your heartbeat, and may show your doctor if your heart muscle is getting enough oxygen.

## **Will I have to stay in hospital?**

Your ECG, past medical history and the nature of your pain tell your doctor how serious your problem is.

If your doctor does not consider your condition to be serious enough to admit you to the hospital, he or she may make an appointment to see you in a day or two for more tests. If your chest discomfort comes back before this appointment and is like that described earlier, you should return immediately to the hospital.

It is not always easy to accurately diagnose unstable angina and your doctor may need to see you more than once to be sure.

If your doctor suggests a stay in hospital, you may be put in a coronary care unit or in a less intensively nursed bed. In either case, treatment will continue while your doctor does more tests.

## **What tests will I have?**

The tests you have will depend on how serious your condition is and how well the medicines control your discomfort. There is more than one kind of test your doctor can do to decide how badly the coronary arteries are blocked. Some of these tests may be done while you stay in the hospital. Others can be done in the hospital, but you do not have to stay overnight. Some tests can be done in your doctor's office. The most common tests are an *exercise stress test* and *cardiac catheterisation* (coronary angiography).

## Unstable angina

In an exercise stress test you walk on a treadmill or ride on a stationary bicycle while the doctor observes you and uses an ECG (electrocardiogram) to measure the heart's electrical pattern. The test may include an injection of a substance that allows images of the blood flow through the heart to be taken. If you have coronary heart disease, you will probably develop your pain during the test. When this happens, the doctor will stop the test.

Cardiac catheterisation is a more involved test which gives information about where and how severe the blockages in the coronary arteries are. A thin tube (called a catheter) is put into an artery, usually in the groin but sometimes in the arm, and threaded up to the heart. A special dye is injected through the catheter. Using an X-ray (angiogram), the doctor can see the coronary arteries.

### Treatments for unstable angina

The best treatment for you will depend on the results of your tests, whether or not you are still having chest pain and your own preferences. In general, there are three options: medication, angioplasty or bypass surgery.

*Medication*—most people with unstable angina are given one or more drugs to control symptoms or treat the disease. Many manage very well on medicine alone, especially if they have a blockage in only one coronary artery and do not have severe anginal pain.

The most common drugs taken by people with unstable angina include aspirin, nitrates and beta blockers. Once you go home, nitroglycerine is usually used to relieve pain during episodes of angina. Your doctor should discuss with you possible side effects from the medicines and how long you should take them for.

*Angioplasty and bypass surgery*—these procedures are for people who have angina that does not improve with drugs. Their aim is to restore normal blood flow through the coronary arteries to the heart.

In an angioplasty, a thin tube with a balloon attached to the end is threaded through the body to the blocked coronary artery. The balloon is then inflated to open up the vessel and let blood through.

In a bypass operation, a piece of vein from the leg or artery from the chest is used to 'bypass' the section of the coronary artery that has the most blockage.

In many people, the choice of angioplasty or bypass surgery is clear. However, there are some people in whom either would restore adequate blood flow to the heart.

The NHMRC booklet *Angioplasty and bypass surgery—a consumer's guide* aims to help these people decide which treatment to have, by explaining the part that both the procedures play in the treatment of coronary heart disease, their likely benefits and possible risks, and how well they work in the short and long term.

## Getting the information you need

Broad guidelines on the best use of treatments can be developed for doctors but individual treatment depends on many factors. You should make the actual decision, based on the doctor's recommendations, your understanding of the risks and benefits of the particular treatment and your own preferences.

Your doctor should give you the information you need to make the decision about your treatment. If not, you can ask for it. If you have been told you have coronary heart disease and may need surgery you will probably feel upset and fearful, and you may not be able to absorb all the information you need during one visit to your doctor.

Here are some ways your doctor can help you:

- repeat important information during different visits;
- encourage you to give relevant details about your health and lifestyle;
- tell you all about the risks as well as the benefits of each treatment;
- encourage you to bring a family member or friend to consultations to help you understand what is happening and to ask questions you may not have thought of;
- use a model of the heart to help explain exactly what your condition is and what either treatment would aim to achieve in your particular case;
- give you enough time to consider your options before you consent to a particular treatment (in non-emergency situations); and
- let you know where you can get more information.

Talking with the doctors, nurses and other healthcare professionals is an important part of your overall care. Asking questions will help them to know what is important to you.

### **Can unstable angina be cured?**

Medication, angioplasty and bypass surgery are all effective treatments for unstable angina, but none cure the disease. Blockages can continue to build up on artery walls even after angioplasty or bypass surgery.

Both angioplasty and bypass surgery can usually be repeated if the arteries become blocked again. But the only way to stop coronary heart disease is to try to prevent the blockages from building up.

Although doctors do not know for sure why blockages form, they do know, from studies of large numbers of patients, that some people are more likely to have blocked arteries than others.

Before you leave hospital, you, your doctor and health carers should agree on a management plan that you can follow when you go home. This should include how to manage your angina, but also how to reduce your risk of further heart problems. Ideally, your general practitioner should contribute to this, as he or she will be involved in your continuing care. Ask about what you should do if you get chest pain again or have any questions about your treatment or condition—there may be a hospital 'hotline' that you can use.

## **Unstable angina**

Your doctor may recommend that you attend a cardiac rehabilitation program. These programs usually are offered by local hospitals or community health centres. In a rehabilitation program, a variety of health care professionals including nurses, dietitians, physiotherapists, occupational therapists and doctors will help you to change behaviours that put you at higher risk. They will also teach you how to exercise safely and help you gain confidence in your ability to live with heart disease.

### **Preventing blockages in the coronary arteries**

The best way to prevent blockages from forming is to:

- take aspirin every day at the dose recommended by your doctor
- stop smoking
- eat foods that are lower in fat
- take medication to lower cholesterol if needed
- keep weight down
- increase physical activity
- control blood pressure if it is high
- lower stress.

### **Living with unstable angina**

It is normal for you to worry about your health and your future, but you should know that most people with unstable angina do not have heart attacks. Angina usually becomes more stable within eight weeks.

Every year, thousands of people are told that they have coronary heart disease. This may come as a shock, especially if they have never felt ill before. Often, they become anxious about their future and wonder if they will still be able to take care of their families or other responsibilities. It is normal to feel a loss of control, as if something has taken over your life.

Doctors, nurses and counsellors all have experience in helping people with coronary heart disease. They can help you and your family. It is important to talk about how you feel, not just physically, but emotionally.

## Where to get more information

If you have unstable angina, and would like more information about coronary heart disease, the tests that you are likely to have, alternative treatments and how to live with coronary heart disease, the following booklets are available.

### NHMRC

*Angioplasty and bypass surgery—a consumer's guide*

### National Heart Foundation

*Living with angina*

*All about coronary angiography*

*All about bypass surgery*

*All about angioplasty*

*Life after heart attack*

*Exercise after heart attack and heart surgery*

The NHF also has booklets with general information about lowering your risk of heart disease.

Ask your doctor or other health carer to get copies for you, or contact the NHMRC or the National Heart Foundation in your State. There are also heart support groups in each State and Territory, which have been set up by people who have coronary heart disease to help others with the disease. The addresses and contact numbers of these organisations are listed below.

## **NHMRC**

**Publications Officer**  
**National Health and Medical Research Council**  
**GPO Box 9848**  
**Canberra ACT 2601**  
**Tel: (06) 289 1555**

## **National Heart Foundation**

*New South Wales*  
343-349 Riley Street  
Surrey Hills NSW 2010  
Tel: (02) 211 5188

*Tasmania*  
86 Hampden Road  
Battery Point  
Hobart TAS 7000  
Tel: (002) 34 5330

*Queensland*  
557 Gregory Terrace  
Fortitude Valley QLD 4006  
Tel: (07) 854 1696

*Victoria*  
411 King Street  
West Melbourne VIC 3003  
Tel: (03) 9329 8511

*South Australia*  
155-159 Hutt Street  
Adelaide SA 5000  
Tel: (08) 223 3144

*Western Australia*  
334 Rokeby Road  
Subiaco WA 6008  
Tel: (09) 388 3343

*ACT*  
cnr Geils Court & Denison St  
Deakin ACT 2600  
Tel: (06) 282 5744

*Northern Territory*  
3/6 Lindsay Street  
Darwin NT 0800  
Tel: (089) 81 1966

*National Office*  
PO Box 2  
Woden ACT 2606  
Tel: (06) 282 2144

## Unstable angina

### **Heart Support Australia (formerly Australian Cardiacs Association)**

Has branches in each State and Territory. For more information contact the national office.

National Office  
GPO Box 2650  
Canberra  
ACT 2601  
Tel: (06) 285 2357

### **Heartbeat**

Has branches in Victoria, South Australia and Tasmania.

|                       |                       |                       |
|-----------------------|-----------------------|-----------------------|
| <i>Heartbeat Vic.</i> | <i>Heartbeat Inc.</i> | <i>Heartbeat Tas.</i> |
| 32 Vincent Street     | PO Box 25             | 1 Nubeena Street      |
| Oak Park              | Elizabeth             | Geilston Bay          |
| Vic 3046              | SA 5112               | TAS 7015              |
| Tel: (03) 9306 0741   | Tel: (08) 287 0237    | Tel: (002) 437 298    |

# The National Health and Medical Research Council

The National Health and Medical Research Council (NHMRC) is a statutory authority within the portfolio of the Commonwealth Minister for Human Services and Health, established by the *National Health and Medical Research Council Act 1992*. The NHMRC advises the Australian community and Commonwealth, State and Territory Governments on standards of individual and public health, and supports research to improve those standards.

The NHMRC advises the Commonwealth Government on the funding of medical and public health research and training in Australia and supports many of the medical advances made by Australians.

The Council comprises nominees of Commonwealth, State and Territory health authorities, professional and scientific colleges and associations, unions, universities, business, consumer groups, welfare organisations, conservation groups and the Aboriginal and Torres Strait Islander Commission.

The Council meets twice a year to consider and make decisions on reports prepared by committees and working parties following wide consultation on the issue under consideration.

A regular publishing program ensures that Council's recommendations are widely available to governments, the community, scientific, industrial and educational groups.

The Council publishes extensively in the following areas:

- Child health • Clinical practice • Communicable diseases • Dentistry • Drugs and poisons • Drug and substance abuse • Environmental health • Health ethics • Infection control • Mental health • Nutrition • Public health • Women's health.

A List of Current Publications is available from:

The Publications Officer  
NHMRC  
GPO Box 9848  
Canberra ACT 2601

Phone: (06) 289 7646 (24 hour answering machine)  
Fax: (06) 289 8776