PR is a 63 y.o. woman with severe coronary artery disease and subsequent ischemic cardiomyopathy with an ejection fraction of 15%. Eight months ago PR presented with angina and underwent an angioplasty and received a stent to the posterior descending artery. Mild to moderate disease was noted in the LAD and RCA territories with an occluded circumflex artery.

PR has continued to have angina, reporting exertional midsternal pressure and jaw pain with minimal exertion which occurs one to three times a day and is relieved with rest or two sublingual sprays of nitroglycerin. Current medications include furosemide 80mg twice a day, spironolactone 25mg daily, lisinopril 10mg daily, carvedilol 6.25mg twice a day, isosorbide mononitrate 30mg daily, digoxin 0.125mg daily, clopidogrel 75mg once daily, rosuvastatin 10mg daily, and nitroglycerin spray 0.4mg/spray, as needed. Her blood pressure was 138/80 with regular heart rate of 103 beats per minute. PR appeared euvolemic on exam. Carvedilol was increased to 9.375mg twice a day and
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isosorbide monontrate to 60mg once daily. A myocardial perfusion study revealed scar with no evidence of ischemia.

One month later, PR reported mild improvement in the number of anginal episodes. Physical exam revealed jugular venous pressure at 10cm, trace edema, and weight gain of four pounds. Furosemide was increased to 160mg twice a day. At the following clinic visit, PR’s symptoms improved after losing five pounds, but she continued to experience angina daily. Carvedilol was then increased to 12.5mg twice a day and furosemide was decreased to 80mg twice a day.

One month later, PR reported angina twice a week with moderate, prolonged activity that consistently resolves with rest or nitroglycerin. Physical exam revealed blood pressure of 114/76, heart rate 82, and no signs of volume overload. Current medications were continued. The plan for PR, should anginal symptoms worsen, is to titrate the nitrate dose or alternatively add ranolazine, particularly if low blood pressure becomes a problem. Enhanced external counter pulsation therapy may be considered as it is a safe alternative therapy and improves quality of life for patients with angina.
REFERENCES
