

Coronary artery disease management with ivabradine in clinical practice

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Abstract

The presence of limiting angina can have a profound impact on the quality of life of patients with stable CAD, and may affect prognosis. Limiting angina symptoms are independently predictive of adverse outcomes. The aims of treating angina are to minimize or abolish symptoms and/or ischemia and to improve prognosis. Elevated HR plays an important role in the development and progression of coronary atherosclerosis, triggering ischemic events through an increase in myocardial oxygen demand and a reduction in diastolic perfusion. Reducing the HR can reduce the symptoms as well as improve the prognosis as shown in Beautiful trial. Ivabradine, a specific inhibitor of the If current in the sinoatrial node, resulting in heart rate reduction, is currently indicated for the treatment of chronic stable angina in CAD patients with a contraindication or intolerance to beta-blockers or in combination with beta-blockers in patients inadequately controlled and whose HR is above 60 bpm. In patients with a contraindication to beta blockers, ivabradine remains a preferred option as it has a well-documented anti-ischemic and antianginal efficacy through HR slowing at least comparable to that of beta-blockers, along with an excellent safety and tolerability. Therefore, ivabradine represents an important addition to the current options of different anti-ischemic agents that are available, with an impact in symptom relief as well as patient outcome.

Keywords

Coronary artery disease, Ischemic heart disease, Ivabradine, Heart rate reduction