Refractory Angina Pectoris

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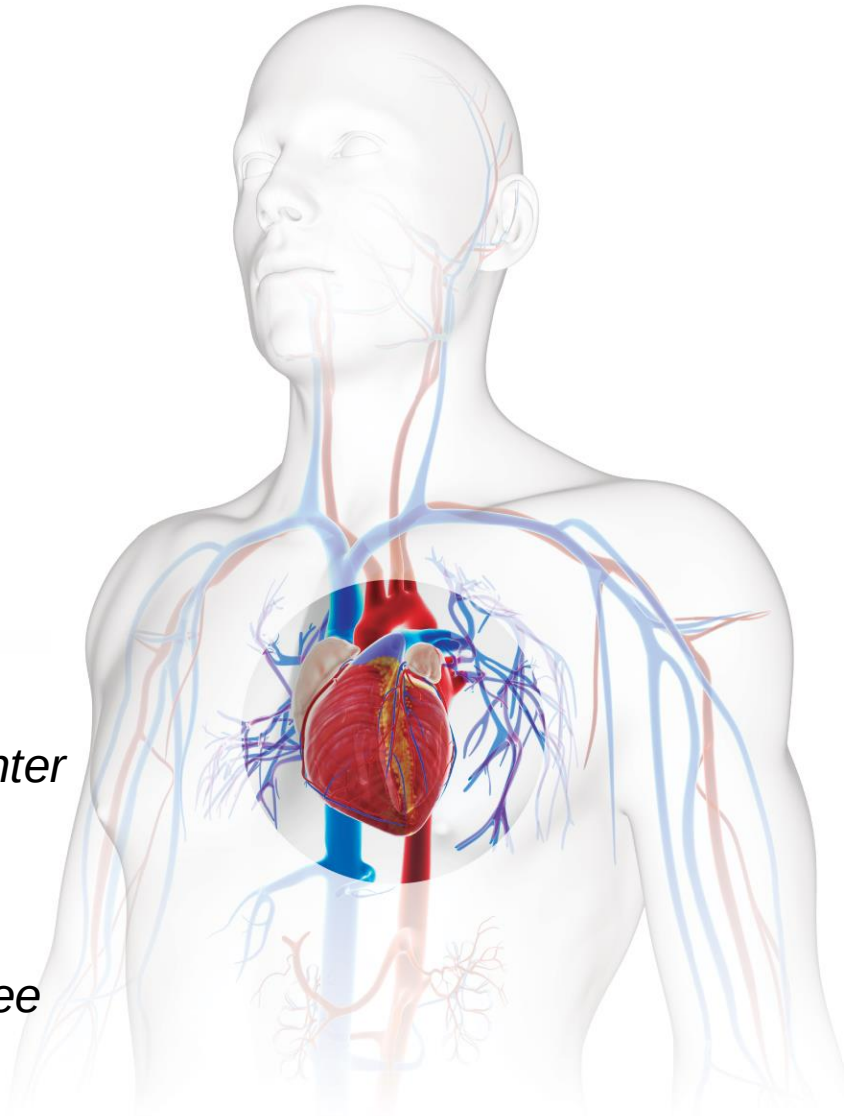

Angina is Due to Heart Muscle Not Receiving Adequate Oxygenated Blood

- Arteries that supply blood to the heart muscle obstructed or narrowed
- Pain can occur in chest, shoulders, arms, neck, jaw or back
- Patients may also have shortness of breath, nausea, diaphoresis, abdominal pain, etc.
  - Atypical symptoms more common in elderly, diabetics and women
- Angina frequently occurs without myocardial infarction

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Refractory Angina Overview

- Refractory angina has been defined as “at least 3 months of angina due to demonstrated coronary insufficiency that persists despite optimal medical therapy, in patients who are no longer amenable to further percutaneous or surgical revascularization”[1]
- An increasing number of patients, particularly those with advanced, chronic coronary artery disease,[2] have severe symptoms of angina despite optimal medical therapy.
- The clinical burden of refractory angina (RA) is growing due to an aging population and improved survival from coronary artery disease (CAD). Estimates suggest that in the US up to 1.8 million suffer from RA[1]

[1]Mannheimer C, Camici P, Chester MR et al. The problem of chronic refractory angina; report from the ESC Joint Study Group on the Treatment of Refractory Angina. Eur Heart J 2002;23:355-70.

[2]Henry TD, Satran D, Jolicoeur EM. Treatment of refractory angina in patients not suitable for revascularization. Nat Rev Cardiol 2014;11:78-95.

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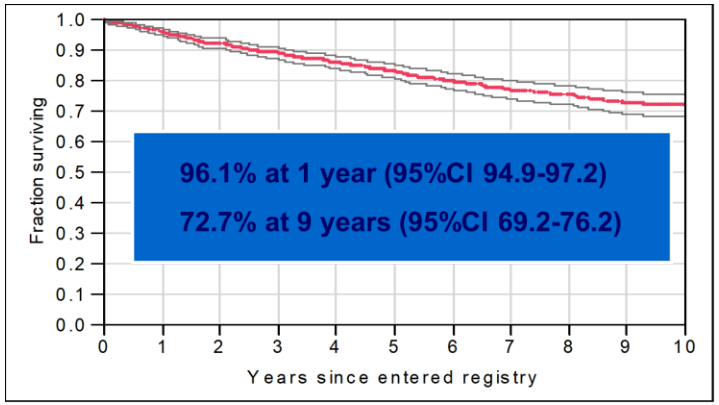
Refractory Angina Patient Prognosis

- Recent natural history data suggests that prognosis of patients with chronic refractory angina is similar to other patients with stable coronary artery disease[3], but their quality of life is poor, and they have increased healthcare utilization

Henry et al. Long-Term Survival in Patients with Refractory Angina. Eur Heart J. 2013 Sep;34(34):2683-8



- Therefore, it is fundamentally important to practice a patient-centered health assessment approach, measuring success of a new therapy by its effects on relieving symptoms and improving quality of life and functional capacity

Angina Severity Assessed Using CCS Scale

- Developed by Canadian Cardiovascular Society (CCS) to evaluate efficacy of medical and surgical therapy
- To compare patient's status before and after interventions
- Simple, reproducible, shows small differences in angina status
- Captures how patient feels

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CCS Scale Definitions

	Definition
Class I	Angina only during strenuous or prolonged physical activity
Class II	Slight limitation, with angina during ordinary activity
Class III	Marked limitation with symptoms with everyday living activities
Class IV	Inability to perform any activity without angina or anginal syndrome at rest, i.e., severe limitation

Source: (Campeau 1976)
https://www.ccs.ca/images/Guidelines/Guidelines_POS_Library/Ang_Gui_1976.pdf

Existing Angina ICD-10-CM Codes

- I20.0 Unstable angina
- I20.1 Angina pectoris with documented spasm
- I20.8 Other forms of angina pectoris
- I20.9 Angina pectoris, unspecified

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Rationale for a Unique Diagnosis Code

- Currently no **unique** diagnosis code available to report refractory angina
- Unique code will allow reporting and tracking of patients with refractory angina
- Differentiation of refractory angina from other angina for consistent and accurate reporting
- Ability to identify and manage patients with refractory angina
- Data analysis to support additional research and clinical practice

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Thank you