**WHAT IS CONSIDERED TO BE THE OPTIMAL TREATMENT FOR STABLE ANGINA IN THE YEAR 2012?**

**U. Thadani**

University of Oklahoma Health Sci Center/VA Medical Center, Oklahoma City,

OK, USA

Optimal treatment of stable angina consist of relief or reduction of patients’ symptoms, improvement of quality of life and prevention of serious adverse clinical outcomes such as acute coronary syndrome, cardiac death, and heart failure. Several old and effective medications (beta-blockers, long and short acting nitrates, and calcium channel blockers) and new novel agents (trimetazadine, ranolazine, ivabradine and nicorandil) ameliorate angina, improve exercise tolerance and exert anti-ischemic effects; but none have been shown to prolong life or prevent the occurrence of a myocardial infarction (MI) in patients with stable angina. Coronary artery revascularization also provides symptomatic relief, but does not improve survival or reduce the incidence of MI compared to medical treatment. Aspirin and HMG co-reductase inhibitors (statins) have been shown to improve survival and reduce the occurrence of MI. Cessation of smoking and better control of blood pressure and exercise rehabilitation improves symptoms and may reduce serious adverse outcomes. In patients with stable angina, who have reduced LV function, or a history of a MI, beta-blockers, ACE-inhibitors and aldosterone receptor antagonists are indicated as these medications improve survival. Polytherapy is often needed.

If medications do not alleviate symptoms, either percutaneous or surgical coronary artery revascularization should be considered for symptom relief. Individualized approach is needed to achieve the above goals.