key points

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The NICE guideline draws on the most recent evidence to update recommendations on drug therapy following MI and to underscore the importance of lifestyle advice and a comprehensive programme of cardiac rehabilitation for these patients.

The updated NICE guideline advises that following an acute MI all patients should be treated with a combination of ACE inhibitor, aspirin, ß-blocker and statin. The SIGN guideline and the 2005 Joint British Societies' guidelines (JBS2) support this; both recommend aspirin 75 mg and simvastatin for all patients with established cardiovascular disease.NICE advocates titrating ACE inhibitors and ß-blockers to the target, or maximum tolerated dose.

Further recommendations relate to antiplatelet agents in non-ST segment elevation MI, with advice to treat patients with clopidogrel and low-dose aspirin for 12 months; and following an ST segment elevation MI, to use this combined therapy for at least four weeks if it has been started within the first 24 hours. After four weeks, clopidogrel can be stopped unless there is a compelling reason to continue.

While NICE recommends statin therapy for all patients as soon as possible after an MI, it makes no recommendations for lipid targets. The SIGN guideline suggests, as a minimum, a target of 5 mmol/l or less for total cholesterol, which is more in line with the QOF.

Post-MI patients with left ventricular systolic dysfunction and symptoms and/or signs of heart failure should begin treatment with an aldosterone antagonist within 3-14 days of the acute event, preferably following ACE inhibitor therapy. This combination reduces total mortality and readmission for cardiovascular events.

Patients should be encouraged to undertake regular physical activity, gradually building up to 20-30 minutes each day, and exerting themselves to the point of slight breathlessness.

The guidance recommends at least 7g, or two to four portions of oily fish, per week. If this is not achieved within the first three months post MI, patients should be offered at least 1 g daily of omega-3 supplements licensed for secondary prevention, continued for up to four years. There is clear advice against taking supplements such as beta-carotene, vitamins C and E and folic acid, for which there is no evidence of benefit and which may cause harm.

The NICE guideline recommends that all healthcare professionals caring for patients after MI should promote cardiac rehabilitation for patients irrespective of their age and co-morbidity, including those with LV dysfunction who are stable.