

Table 5

Contraindications and cautions with antianginal therapy

Drug class	Specific agent	Contraindication	Caution
Antiplatelet agents	Aspirin	Active peptic ulcer disease (PUD)	Bleeding disorders; previous PUD
	Clopidogrel	Active bleeding	Bleeding disorders; liver disease
Lipid-lowering therapy	Statins	Acute or severe liver disease*	Previous liver disease
	Fibrates	Severe liver disease	Renal impairment
ACE inhibitors		ACE inhibitor hypersensitivity; aortic stenosis; LV outflow tract obstruction; severe renal impairment; renal artery stenosis	Mild-moderate renal impairment; previous angioedema
Beta-blockers		Asthma; severe bradycardia; preexisting high-degree AV block; sick sinus syndrome; severe uncontrolled heart failure	First-degree AV block; severe peripheral vascular disease; coronary artery spasm
Calcium channel blockers	Cardiac specific (e.g. diltiazem/verapamil)	Severe bradycardia; preexisting high-degree AV block; sick sinus syndrome; heart failure	First-degree AV block; concomitant beta-blocker use (verapamil); severe aortic stenosis (verapamil)
	Vasodilators (e.g. amlodipine)	LV outflow tract obstruction	
Nitrates		Aortic or mitral stenosis; LV outflow tract obstruction; PDE-5 inhibitor use ≤ 24hr	
Potassium channel activator	Nicorandil	Cardiogenic shock; PDE-5 inhibitor use ≤ 24hr	Acute left ventricular failure
Sinus node inhibitor	Ivabradine	Heart rate < 70 bpm (heart rate on treatment < 50 bpm); sick sinus syndrome; preexisting high-degree AV block; acute myocardial infarction; severe hepatic insufficiency	Poorly controlled, severely limiting angina
Late sodium current inhibitor	Ranolazine	Concomitant use with potent inhibitors of cytochrome P450 3A4; moderate to severe hepatic impairment; severe renal impairment	Concomitant use with drugs that prolong QT interval; concomitant use with weak or moderate inhibitors or inducers of cytochrome P450 3A4; mild hepatic impairment; moderate renal impairment; congestive cardiac failure

*Serum concentrations of liver enzymes should be checked before, and within 1–3 months of, commencing statin therapy; treatment should be discontinued if serum transaminases rise to greater than 3 times the upper limit of the reference range