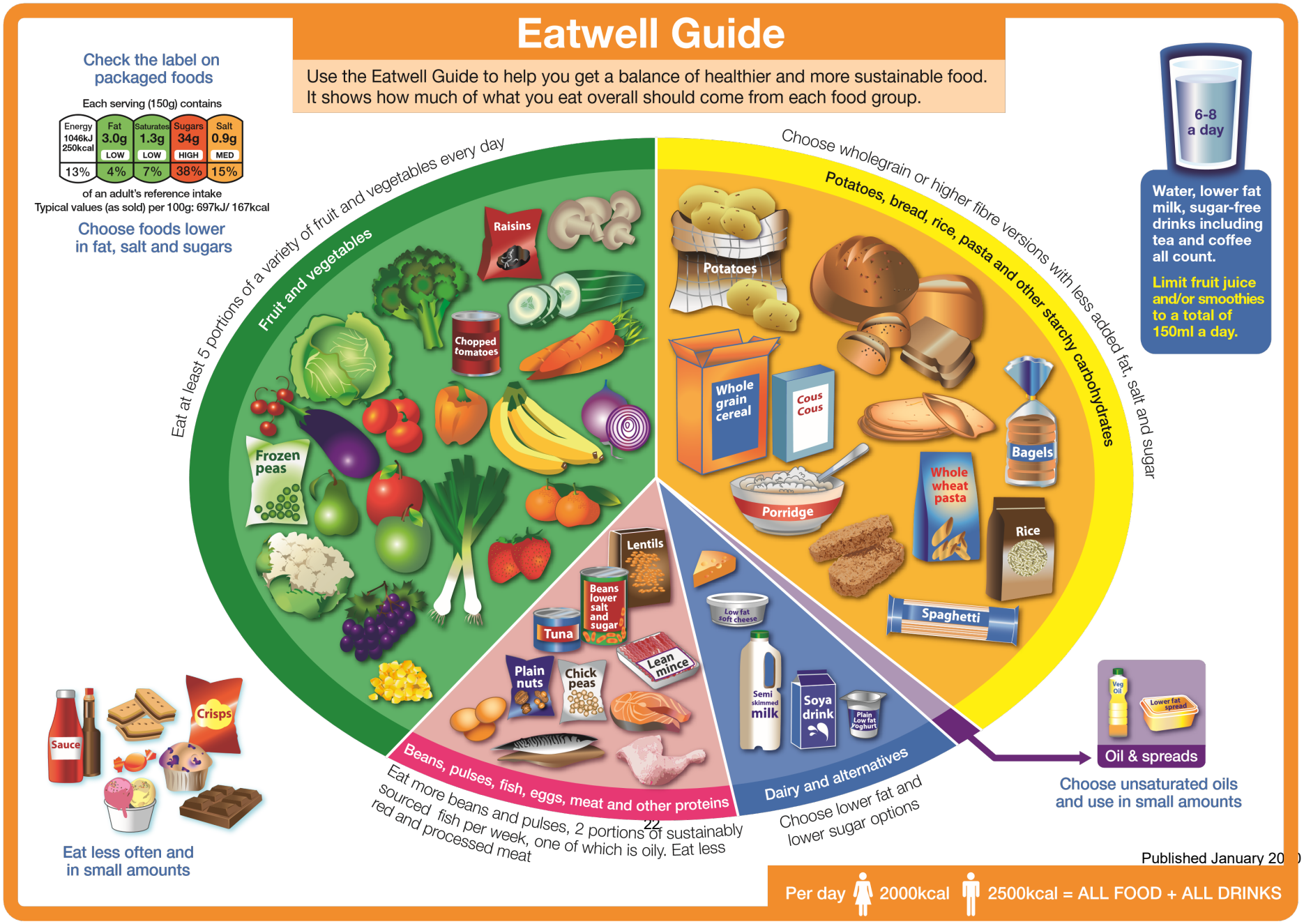
Appendix 1


Eatwell Guide
Use the Eatwell Guide to help you get a balance of healthier and more sustainable food. It shows how much of what you eat overall should come from each food group.
Check the label on packaged foods
Each serving (150g) contains
Energy 1046kJ 250kcal
Fat 3.0g LOW
Saturates 1.3g LOW
Sugars 34g HIGH
Salt 0.9g MED
13% 4% 7% 38% 15%
of an adult's reference intake
Typical values (as sold) per 100g: 697kJ/ 167kcal
Choose foods lower in fat, salt and sugars
Eat at least 5 portions of a variety of fruit and vegetables every day
Fruit and vegetables
Raisins
Chopped tomatoes
Frozen peas
Choose wholegrain or higher fibre versions with less added fat, salt and sugar
Potatoes, bread, rice, pasta and other starchy carbohydrates
Potatoes
Whole grain cereal
Cous Cous
Bagels
Porridge
Whole wheat pasta
Rice
Spaghetti
Beans, pulses, fish, eggs, meat and other proteins
Lentils
Beans lower salt and sugar
Tuna
Plain nuts
Chick peas
Lean mince
Eat more beans and pulses, 2 portions of sustainably sourced fish per week, one of which is oily. Eat less red and processed meat
Dairy and alternatives
Low fat soft cheese
Semi skimmed milk
Soya drink
Plain Low fat Yoghurt
Choose lower fat and lower sugar options
Oil & spreads
Veg Oil
Lower fat spread
Choose unsaturated oils and use in small amounts
Sauce
Crisps
Eat less often and in small amounts
6-8 a day
Water, lower fat milk, sugar-free drinks including tea and coffee all count.
Limit fruit juice and/or smoothies to a total of 150ml a day.
Per day 2000kcal 2500kcal = ALL FOOD + ALL DRINKS
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Published January 20

(adapted from SIGN 96 and NICE CG126)

1. Beta blocker Green **or calcium channel blocker** Green

(Decide which to use based on comorbidities, contraindications and the person's preference.)

= if drug treatment not tolerated/ symptoms not satisfactorily controlled

2. Consider switching to the alternative option, or using a combination of the two.

When combining a calcium channel blocker with a beta blocker, use a dihydropyridine calcium channel blocker (first choice amlodipine) as rate-limiting CCB are cautioned with beta blockers.

3. Add isosorbide mononitrate Green

4. Add nicorandil Green **or <u>under the direction of cardiology</u>, ivabradine** Amber

- Nicorandil should not be used in patients with prior or risk factors for GI ulceration
- Ivabradine can only be used in patients in sinus rhythm with HR ≥ 75bpm and must not be used with rate limiting CCB

5. <u>Consultant cardiologists</u> can consider ranolazine Amber **375mg M/R twice daily.**

Only to be used if all other treatments are not tolerated/ patient still inadequately controlled, and unsuitable for surgical revascularisation.

<u>Prescribing points</u>

- Do not offer a third anti-anginal drug to people whose stable angina is controlled with two anti-anginal drugs.
- Consider adding a third anti-anginal drug only when the person's symptoms are not satisfactorily controlled with two anti-anginal drugs **and** the person is waiting for revascularisation or revascularisation is not considered appropriate or acceptable
- Review the person's response to treatment, including any side effects, 2–4 weeks after starting or changing drug treatment.
- Patients whose symptoms are not controlled on maximum therapeutic doses of two drugs should be considered for referral to a cardiologist.

Green - General Prescribing
Amber - GP under direction of Cardiology

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Prepared – April 2017
Review – April 2019