

Ministry of education and science of Kazakhstan Republic Semey State Medicine University The chair of Kazakh and foreign languages

SIW

The theme: Angina Pectoris

Prepared by: Abylgazinova S. 215 group,GMF

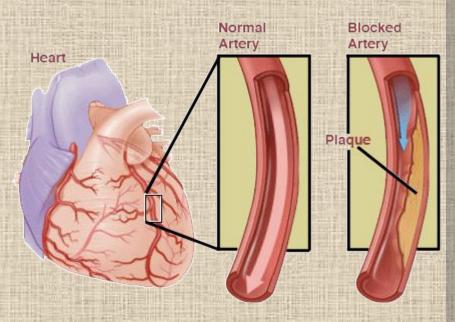
Checked by: Zhunusova Zh.M.

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PLAN

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- II. Symptoms
- III. Classifications of angina
- iv. Treatment of angina
- v. Conclusion
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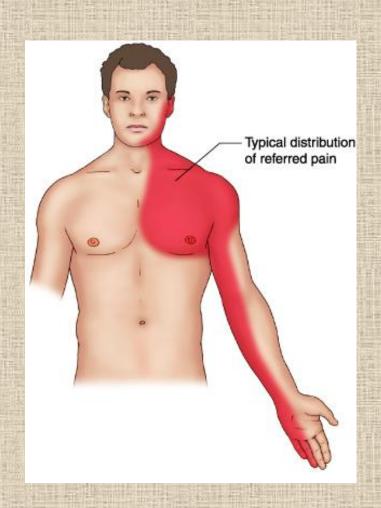
Angina pectoris is the medical term for chest pain or discomfort due to coronary heart disease. It occurs when the heart muscle doesn't get as much blood as it



This usually happens because one or more of the heart's arteries is narrowed or blocked, also called ischemia.

TYPICAL SYMPTOM

a heavy strangling or pressure-like pain, sometimes may feel like indigestion, usually located in substernal area or precardium, but sometimes radiating to the left shoulder, left arm, jaw, neck, epigastrium or back.



POSSIBLE TRIGGERS OF STABLE ANGINA INCLUDE:

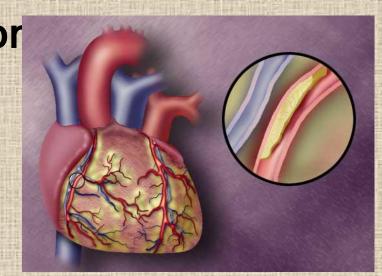
- Emotional stress learn stress management
- Exposure to very hot or cold temperatures learn how cold and hot weather affect the heart.
- Heavy meals
- Smoking learn more about quitting smoking.

CLINICAL CLASSIFICATIONS OF ANGINA

- 1. Stable angina pectoris
- 2. Unstable angina pectoris
- 3. Prinzmetal's Variant angina pectoris

STABLE ANGINA

- Is caused by narrowed arteries due to atherosclerosis
- Occurs when the heart works harder
- Episodes of pain tend to be alike
- Usually lasts a shor
 Is relieved by
 a rest or angina
 medicine



UNSTABLE ANGINA

- Often occurs at rest
- Is more severe and lasts longer than stable angina
- Episodes of pain tend to be changing in the character, frequency, duration as well as precipitating factors
- is caused by episodes of increased coronary artery tone or small platelet clots occurring in the vicinity of an atherosclerotic plaque.
- is associated with a high risk of myocardial infarction and death.

VARIANT ANGINA

- Usually occurs at rest
- Tend to be severe
- Is relieved by angina medicine (vasodilators)
- Is caused by a transient spasm in a coronary artery

TREATMENT OF ANGINA

Lifestyle changes

Medication

Nitrates

B-blockers

Calcium channel blockers

Surgery: CABG (coronary artery bypass graft)

PTCA (percutaneous transluminal coronary angioplasty)

CONCLUSION

• If you experience chest discomfort, be sure and visit your doctor for a complete evaluation and, possibly, tests. If you have stable angina and start getting chest pain more easily and more often, see your doctor immediately as you may be experiencing early signs of unstable angina.

LITERATURE

 http://www.heart.org/HEARTORG/Condition s/HeartAttack/SymptomsDiagnosisofHeartAtt ack/Angina-Pectoris-Stable-Angina_UCM_437 515_Article.jsp#.VsmasvmLTIV

https://en.wikipedia.org/wiki/Angina_pectoris#Stable_angina