

Cardiac rehabilitation and secondary prevention Cardiac rehabilitation Drug therapy for secondary prevention **ACE inhibitor** and continue indefinitely (an ARB if intolerant) Start cardiac rehabilitation before hospital discharge Dual antiplatelet therapy (aspirin plus a second antiplatelet) for up to 12 Assessment appointment to take place in 10 days of discharge months. Continue therapy started in acute stage unless a separate indication for anticoagulation (see below) Beta-blocker (consider diltiazem or verapamil if beta-blockers contraindicated and no pulmonary congestion or reduced left ventricular ejection fraction). Cardiac rehabilitation programme Continue beta-blocker indefinitely if reduced left ventricular ejection fraction. Otherwise consider continuing for at least 12 months Physical activity (adapted to clinical condition and ability) Statin Lifestyle advice, including advice on driving, flying and sex Stress management Health education Drug titration ACE inhibitors - titrate upwards (with monitoring) every 12 to 24 hours. Complete titration in 4 to 6 weeks of hospital discharge. Measure renal Lifestyle changes function, serum electrolytes and blood pressure before starting an ACE inhibitor or ARB and after 1 to 2 weeks Healthy eating - Mediterranean diet (more bread, fruit, vegetables, fish and Beta-blockers - titrate to the maximum tolerated or target dose products based on plant oils) Alcohol - low-risk drinking (no more than 14 units a week) Regular physical activity - 20 to 30 minutes a day to point of slight Antiplatelet therapy with an indication for anticoagulation breathlessness (increase duration and intensity gradually while gaining fitness) Do not routinely offer prasugrel or ticagrelor with an anticoagulant needed for a Stop smoking separate indication Reaching and maintaining a healthy weight If already on anticoagulation: continue and offer clopidogrel (to replace prasugrel or ticagrelor) for up to 12 months if the person has PCI Aldosterone antagonist for heart failure with reduced left ventricular continue and consider continuing aspirin for up to 12 months (clopidogrel if aspirin contraindicated) if no PCI and not at high bleeding risk ejection fraction For a new indication for anticoagulation, offer oral anticoagulant and: Start 3 to 14 days after MI, preferably after ACE inhibitor clopidogrel (to replace prasugrel or ticagrelor) for up to 12 months if the Monitor renal function and serum potassium before and during treatment. If person has had PCI hyperkalaemia is a problem, halve dose or stop drug aspirin (clopidogrel if aspirin contraindicated) for up to 12 months if no PCI