Recommendation 1

It is recommended to General Practitioners (GPs) and other Primary Health Care (PHC) physicians, to suspect Acute Coronary Syndrome (NSTEMI ACS) in those subjects presenting with chest pain, without ST segment elevation and nonspecific changes on electrocardiogram (ECG), such as T wave inversion, ST-segment depression (≥ 0.5mm) at >2 contiguous leads.

(Level of evidence I)

Recommendation 2

It is recommended to GPs and other PHC physicians, to suspect Acute Coronary Syndrome with ST elevation (STEMI ACS) in those subjects presenting with chest pain and nonspecific changes on ECG, such as new left bundle branch block (LBBB) or persistent ST-segment elevation for at least 20minin at >2 contiguous leads (>2mm men and >1,5mm women for leads V2, V3 or >1mm for all men-women).

(Level of evidence I)

Recommendation 3

It is recommended to GPs and other PHC physicians to perform an ECG in subjects with diabetes mellitus presenting with nausea, vomiting, epigastric pain, dizziness with or without concomitant acute chest pain.

(Level of evidence II)

Recommendation 4

In the case of a subject with suspected CAD it is recommended to GPs and PHC physicians to check the following blood tests:

- Full blood account
- Fasting plasma glucose
- Plasma creatinine
- Fasting lipid profile
- BNP/NT-proBNP

(Level of evidence IV)

Recommendation 5

When subjects with established CAD visit GPs and other PHC physicians, it is recommended to them to consider the following assessment test at annual basis:

- Lipids profile, fasting plasma glucose and plasma creatinine
- Resting electrocardiogram

- Echocardiogram
- Ultrasound of carotid arteries
- Ambulatory ECG monitoring
- Chest X-ray

(Level of evidence IV)

Recommendation 6

It is recommended to GPs and other PHC physicians to grant aspirin in an initial loading dose of 325 mg, in a chewable tablet form, in combination with clopidogrel 300mg, in subjects highly suspected of non-ST segment elevation myocardial infarction Acute Coronary Syndrome (NSTEMI ACS), unless contraindicated.

(Level of evidence I)

Recommendation 7

It is recommended to GPs and other PHC physicians to grant, independently of the revascularization strategy, aspirin in a dose of 325 mg, in a chewable tablet form in combination with clopidogrel:
-300mg in subjects <75years old, highly suspected of ST segment elevation myocardial infarction Acute Coronary Syndrome (STEMI ACS),
-75mg in subjects >75 years old, highly suspected of ST segment elevation myocardial infarction Acute Coronary Syndrome (STEMI ACS).
(Level of evidence II)

Recommendation 8

It is recommended to GPs and other PHC physicians to grant aspirin in a dose of 325 mg, in a chewable tablet form in combination with clopidogrel 600mg, in subjects highly suspected of ST segment elevation myocardial infarction Acute Coronary Syndrome (STEMI ACS) to undergo Percutaneous Coronary Intervention (PCI).

(Level of evidence II)

Recommendation 9

it is recommended to GPs and other PHC physicians, to grant nitrates in subjects highly suspected of non ST segment elevation myocardial infarction Acute Coronary Syndrome (NSTEMI ACS), when there are no strong contraindications, such as hypotension, bradycardia, right ventricular infarction.

(Level of evidence II)

Recommendation 10

It is recommended to GPs and other PHC physicians, to grant beta-blockers, in subjects highly suspected of non-ST segment elevation myocardial infarction Acute

Coronary Syndrome (NSTEMI ACS), presenting with an increase in blood pressure or heart rate (when there are no strong contraindications, such as heart failure KILLIP CLASS≥III, chronic obstructive pulmonary disease, asthma, peripheral occlusive arterial disease, glaucoma), until referral.

(Level of evidence II)

Recommendation 11

It is recommended to GPs and other PHC physicians, to grant calcium channel blockers from the class of dihydropyridines, in subjects highly suspected of non-ST segment elevation myocardial infarction Acute Coronary Syndrome (NSTEMI ACS), who either is already receiving nitrates or beta-blockers or are having a contraindication to the granting of beta-blockers.

(Level of evidence III-1)

Recommendation 12

It is recommended to GPs and other PHC physicians, to grant 4-8mg morphine bolus intravenously in subjects highly suspected of ST segment elevation myocardial infarction Acute Coronary Syndrome (STEMI ACS). If there are strong contraindications such as hypotension, bradycardia, right ventricular infarction, it is recommended the granting of anxiolytics.

(Level of evidence II)

Recommendation 13

It is recommended to GPs and other PHC physicians, to grant oxygen at a dosage of 2-4lt/min in subjects highly suspected of ST segment elevation myocardial infarction Acute Coronary Syndrome (STEMI ACS).

(Level of evidence II)

Recommendation 14

It is recommended to GPs and other PHC physicians, in subjects highly suspected of acute coronary syndrome and diabetes mellitus to manage hyperglycemia, when the previous recommendations have been implemented.

(Level of evidence III-3)

Recommendation 15

It is recommended to GPs and other PHC physicians, to grant in subjects with known coronary artery disease:
-aspirin 75-100mg daily or clopidogrel 75 mg daily, in case of aspirin intolerance,

-statins,
-angiotensin converting enzyme inhibitors or angiotensin receptor blockers, in the presence of heart failure, hypertension or diabetes mellitus.

(Level of evidence I)

Recommendation 16

It is recommended to GPs and other PHC physicians, to grant in subjects with known coronary artery disease:
- short-acting nitrates,
- b-blockers and/or calcium channel blockers.

(Level of evidence I)

Recommendation 17

It is recommended to GPs and other PHC physicians, to encourage subjects who have undergone an Acute Coronary Syndrome (ACS) at least six months ago, to participate in individualized exercise programs.

Recommendation 18

It is recommended to GPs, other physicians and allied PHC professionals to encourage all subjects who suffer from Coronary Artery Disease:
- to follow a healthy diet,
- to quit smoking immediately,
- the overweight-obese subjects to reduce body weight 0,5-1kg/week,
- to follow individualized exercise programs.

(Level of evidence I)

Recommendation 19

It is recommended to GPs and other PHC physicians, to assess the probability of a fatal cardiovascular event in the next 10 years, using the SCORE System, in each subject >40 years old, without documented atherosclerotic disease or equivalent (coronary heart disease, ischemic stroke, peripheral vascular disease, chronic renal disease-CRD, diabetes type 2 or type 1 with microalbuminuria) visiting primary health care services.

(Level of evidence I)

Recommendation 20

It is recommended to GPs, other PHC physicians and allied PHC professionals, to measure in subjects visiting primary health care services:
- the blood pressure and the body weight in each regular visit,
- the body mass index (BMI) in each regular visit,

- the waist circumference at least 1time/year.

(Level of evidence I)

Recommendation 21

It is recommended to GPs and other PHC physicians to perform in 1-3 years (individualized per patient) opportunistic screening (venous fasting glucose) in subjects visiting PHC services and have one or more of the following factors:

- Overweight or obese BMI ≥ 25 kg/m2
- Physical inactivity
- First-degree relative with diabetes
- Women who delivered a baby weighing >9 lb (4,5Kg) or were diagnosed with GDM
- Hypertension (>140/85mm/Hg or on therapy for hypertension) or CVD
- HDL cholesterol level <35 mg/dL (0.90 mmol/L) and/or a triglyceride level >250 mg/dL (2.82 mmol/L)
- Women with polycystic ovary syndrome
- Medications that predispose increase of blood glucose

(Level of evidence I)

Recommendation 22

It is recommended to GPs and other PHC physicians to assess the lipid profile {total cholesterol (TC), low density cholesterol (LDL-C), triglycerides (TG) and high density cholesterol (HDL-C)} in all men and women (particularly postmenopausal) >40 years of age, who have not previously had assessed. In subjects of any age with suspected or established atherosclerotic disease hypertension, diabetes mellitus, smoking habit, obesity (BMI> 30 kg/m2), chronic renal failure and in subjects with a family history of premature cardiovascular disease or familial dislipidemia, in order to calculate the total cardiovascular risk.

(Level of evidence II)

Recommendation 23

It is recommended to GPs, other physicians and allied PHC professionals, to encourage any subject visiting PHC services to adapt a healthy lifestyle (physical exercise, healthy diet, smoking cessation).

(Level of evidence I)

Recommendation 24

It is recommended to GPs and other PHC physicians, to make aware the parents with children with increased BMI.

(Level of evidence II)

Recommendation 25

It is recommended to GPs and other PHC physicians, to grant aspirin in a dose of 75-160 mg daily, in subjects with high 10 year cardiovascular risk and diabetes mellitus.

(Level of evidence I)

Recommendation 26

It is recommended to GPs and other PHC Physicians, to intervene therapeutically in different groups of subjects, according to SCORE system, in order to achieve each therapeutic goal.

(Level of evidence II)

Recommendation 27

It is recommended to GPs and other PHC physicians, to refer as quick as possible subjects highly suspected of non-ST segment elevation myocardial infarction Acute Coronary Syndrome (NSTEMI ACS) or chest pain and with more than one determinants for coronary artery disease to the nearest hospital unit for additional diagnostic verification, risk assessment, and selection of a coping strategy.

(Level of evidence I)

Recommendation 28

It is recommended to GPs and other PHC physicians, to transit a subject highly suspected of ST segment elevation myocardial infraction Acute Coronary Syndrome (STEMI ACS) to a specialized center within 2 hours of symptom onset, where a Percutaneous Coronary Intervention (PCI) can be carried out, and if this is not feasible, the transportation of the subject to a hospital unit is recommended within 30min, where a thrombolysis can be carried out.

(Level of evidence I)

Recommendation 29

It is recommended to GPs and other PHC physicians, to refer their patients for diagnosing stable CAD with diagnostic tests (ncluding exercise ECG, exercise stress echocardiography, exercise stress SPECT, coronary CTA), when their pre-test probability is over than 15% and less than 85%.

(Level of evidence II)

Recommendation 30

It is recommended to the patient's care team (doctors, nurses, physical therapists, occupational doctors ecc.) to provide an assessment of the patient’s needs, counseling in self-management strategies, recognition and monitoring of high risk patients regarding counseling in physical activity and education of patients and health personnel.

(Level of evidence IV)

Recommendation 31

It is recommended to GPs and other PHC physicians, to keep record of a subject with coronary artery disease in order to monitor their care and condition of health.

(Level of evidence I)

Recommendation 32

It is recommended to GPs and other PHC physicians, to cooperate with services and programs of domically care, to improve the quality of life of patients with coronary artery disease and their families.

(Level of evidence IV)

Recommendation 33

It is recommended to GPs, other Physicians and allied PHC professionals, to use telemedicine and other technologies in order to improve the quality of life of subjects with coronary artery disease.

(Level of evidence IV)

Recommendation 34

It is recommended to GPs, other physicians and allied PHC professionals, to encourage patients with coronary artery disease to participate in programs and actions of associations of non-governmental association, in order to be motivated and improve their quality of life, and also to consider opportunities of close cooperation with them.

(Level of evidence IV)