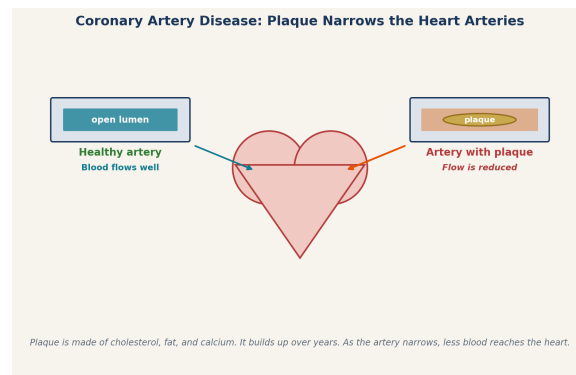


Coronary Artery Disease

When Plaque Narrows the Heart Arteries

Plaque builds up over years. The artery gets narrow. Less blood reaches the heart muscle. CAD can be slowed, treated, and partly reversed with the right care.



Online: <https://go.riasalimd.com/cad-guide>

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Names & Terms You Will Hear

Term	Meaning
Coronary artery disease (CAD)	The most common heart disease. Plaque narrows the arteries that feed the heart muscle.
Coronary heart disease (CHD)	Another name for CAD. Some doctors and NIH pages use this term.
Atherosclerosis	The disease process. Cholesterol, fat, and calcium build up in the artery wall over years.
Ischemic heart disease	Heart problem caused by reduced blood flow. CAD is the most common cause.
Stable angina	Chest pain or pressure that comes with exertion and eases with rest. The classic symptom of CAD.
Acute coronary syndrome (ACS)	An umbrella for unstable angina, NSTEMI, and STEMI. A plaque has ruptured. Call 911.
Heart attack (myocardial infarction)	Heart muscle dies when an artery is blocked. The biggest danger of CAD.
Plaque	The buildup inside the artery wall. Cholesterol, fat, calcium, and other cells.
Stenosis	A narrowed segment of artery. Reported as a percent (for example, 70%) on an angiogram.
PCI / stenting	Percutaneous coronary intervention. A balloon opens the blockage; a metal stent holds it open.
CABG / bypass	Coronary artery bypass grafting. A surgeon routes blood around the blockage using a vein or artery.
GDMT	Guideline-Directed Medical Therapy. The pill regimen that lowers risk: statin, aspirin, BP control, and more.



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Call 911 now if you have chest pain or pressure at rest that lasts more than 5 minutes. Call right away if it comes with sweating, shortness of breath, nausea, or pain in the jaw, left arm, or back. **Do not drive yourself.** Heart muscle dies fast once an artery is blocked. Every minute counts.



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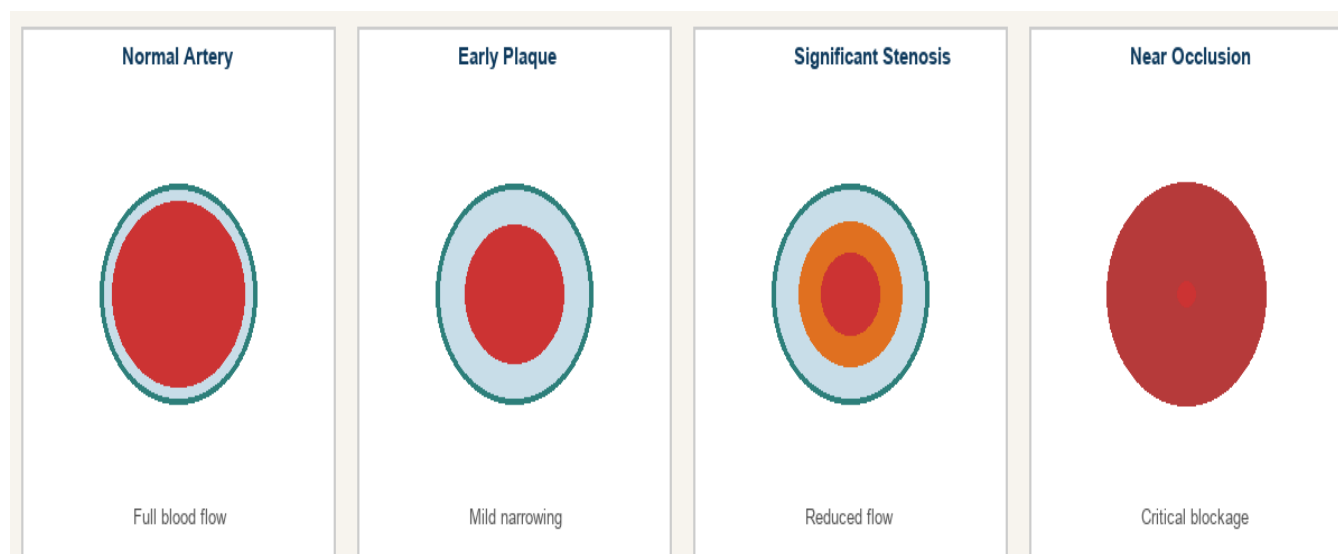
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Coronary Artery Disease?

- CAD happens when plaque builds up inside the heart arteries.
- Plaque is made of cholesterol, fat, calcium, and other cells.
- The artery gets narrow. Less blood reaches the heart muscle.
- The process starts silently. It often begins decades before any symptoms.
- A plaque can suddenly rupture. A blood clot forms. The artery closes. This is a heart attack.
- CAD affects about 1 in 5 American adults over age 40.
- CAD is the leading cause of death in the United States.
- The good news: CAD can be slowed, treated, and even partly reversed with the right care.



Plaque grows over years - from a clean artery to a near-complete blockage. Pills and lifestyle can slow and even partly reverse this.



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Stable vs Unstable CAD

- Stable CAD: chest pain or pressure comes only with exertion or stress. It eases with rest or nitroglycerin.
- The plaque is firm. Blood flow drops only when the heart works harder.
- Most stable CAD is treated with pills and lifestyle. A stent is added if symptoms persist (ISCHEMIA trial).
- Unstable CAD (acute coronary syndrome): chest pain at rest. Or pain that is new, changing, or worse than before.
- The plaque has cracked. A blood clot is forming. The artery may close at any moment.
- Unstable CAD is an emergency. Call 911. Do not drive.
- ACS includes unstable angina, NSTEMI, and STEMI. STEMI is the most urgent - the artery is fully closed.



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Why It Matters

- CAD is the leading cause of death in the United States. About 1 in 5 deaths.
- Most heart attacks come from a small or moderate plaque that ruptures, not a big stable blockage.
- Lifestyle changes work as well as some pills. Quitting smoking is the single biggest win.
- LDL cholesterol drives plaque growth. Lower LDL means fewer events.
- Statins cut heart attack risk by about 25-35% in patients with known CAD.
- For most stable CAD, pills work as well as a stent for survival (ISCHEMIA trial).
- A stent fixes one spot. The disease keeps growing in other spots unless lifestyle and pills continue.
- Cardiac rehab cuts death and hospital stays by about 25%. It is covered by Medicare after a heart event.

ISCHEMIA trial bottom line. For most patients with stable CAD, pills (statin, aspirin, BP control) work as well as an early stent for survival. A stent still helps when chest pain limits daily life or when anatomy is high risk. Talk with us about the right path for you.



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Three Patterns of CAD - What Each Looks Like

Silent CAD	Stable angina	Acute coronary syndrome (ACS)
• No symptoms yet. Plaque is growing quietly. • Often found on a stress test or CT for another reason. • Treat with lifestyle and statin. Watch closely. • Most adults with CAD spend years in this phase.	• Chest pain or pressure with exertion or stress. • Eases with rest or nitroglycerin. • Treat with GDMT. Add stent if symptoms persist. • Cardiac rehab is part of every plan.	• Chest pain at rest. New or changing. Severe. • Plaque has ruptured. A clot is forming. • Call 911. Aspirin if told. Do not drive. • Includes unstable angina, NSTEMI, and STEMI.



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Risk Factors

Some patients are more likely to develop this condition. Knowing your risk helps your care team take extra precautions.

Risk Factor	Why It Increases Risk
High LDL cholesterol	LDL feeds plaque. Lower LDL means less plaque growth. Target is below 70 mg/dL after a heart event.
High blood pressure	Pressure injures the artery lining. Target is below 130/80. Home checks beat once-yearly office checks.
Smoking and vaping	Tobacco and nicotine injure arteries. Quitting is the single most powerful change you can make.
Diabetes (high blood sugar)	High sugar damages artery walls. SGLT2 inhibitors and GLP-1 drugs lower heart risk.
Excess weight	Drives high BP, high sugar, and high cholesterol. Losing 5-10% improves all three.
Low activity level	Goal: 150 minutes of moderate activity per week. Walking counts. Cardiac rehab is a safe start.
Diet high in red meat and processed food	Drives LDL up. A Mediterranean or DASH pattern lowers risk.
Age and male sex (non-modifiable)	Risk rises after 45 in men and 55 in women. Women catch up after menopause.
Family history (non-modifiable)	Early CAD in a parent or sibling (men under 55, women under 65) raises your risk.
Sleep apnea	Untreated apnea drives BP and rhythm problems. Get tested if you snore or feel tired.



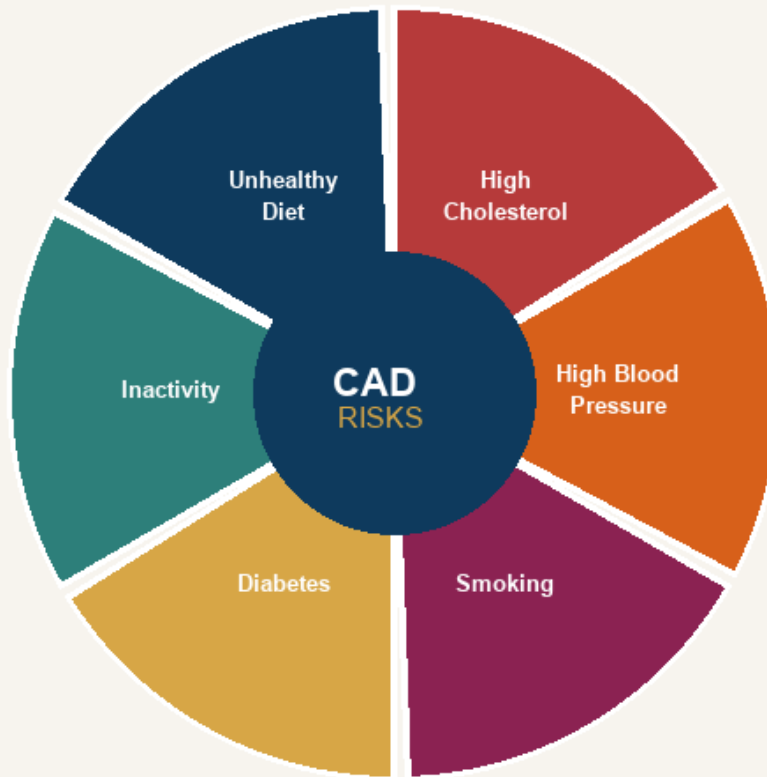
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Modifiable CAD Risk Factors



Six risk factors you can change. Stack them - each one you fix cuts your event risk.



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Modifiable vs Non-Modifiable Risk Factors

Factor	Type	What You Can Do
High LDL cholesterol	Modifiable	Statin daily. Diet. Add ezetimibe or PCSK9 if needed.
High blood pressure	Modifiable	Daily BP pill. Low-salt diet. Home BP monitor.
Smoking and vaping	Modifiable	Quit-line 1-800-QUIT-NOW. Nicotine patch or gum.
Diabetes	Modifiable	A1c control. SGLT2 or GLP-1 drug for heart benefit.
Excess weight	Modifiable	Lose 5-10%. Walking 30 minutes daily helps.
Low activity	Modifiable	150 minutes moderate per week. Cardiac rehab.
Age (over 45 men / 55 women)	Non-modifiable	Cannot change. Focus harder on modifiable risks.
Family history of early CAD	Non-modifiable	Tell us. We screen earlier and treat lower.



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Treatment Options

- Aspirin 81 mg daily for most patients with known CAD. Prevents clots.
- A statin every day. Lowers LDL and stabilizes plaque. Atorvastatin and rosuvastatin are the strongest.
- Add ezetimibe or a PCSK9 drug if LDL is still high.
- Beta-blocker (metoprolol, carvedilol) after a heart attack or with angina.
- ACE inhibitor or ARB if you have high BP, diabetes, or low pump function.
- Nitroglycerin tablet or spray for sudden chest pain.
- SGLT2 inhibitor or GLP-1 drug if you also have diabetes.
- Never stop a heart pill on your own. Stopping suddenly can trigger an event.
- A stent is added when pills are not enough. CABG is preferred for complex disease (left main, three-vessel, or diabetes).
- Cardiac rehab after a heart event. Cuts death and hospital stays by about 25%.



Start with lifestyle. Add daily pills. Add a stent or bypass only if symptoms persist or anatomy demands it.

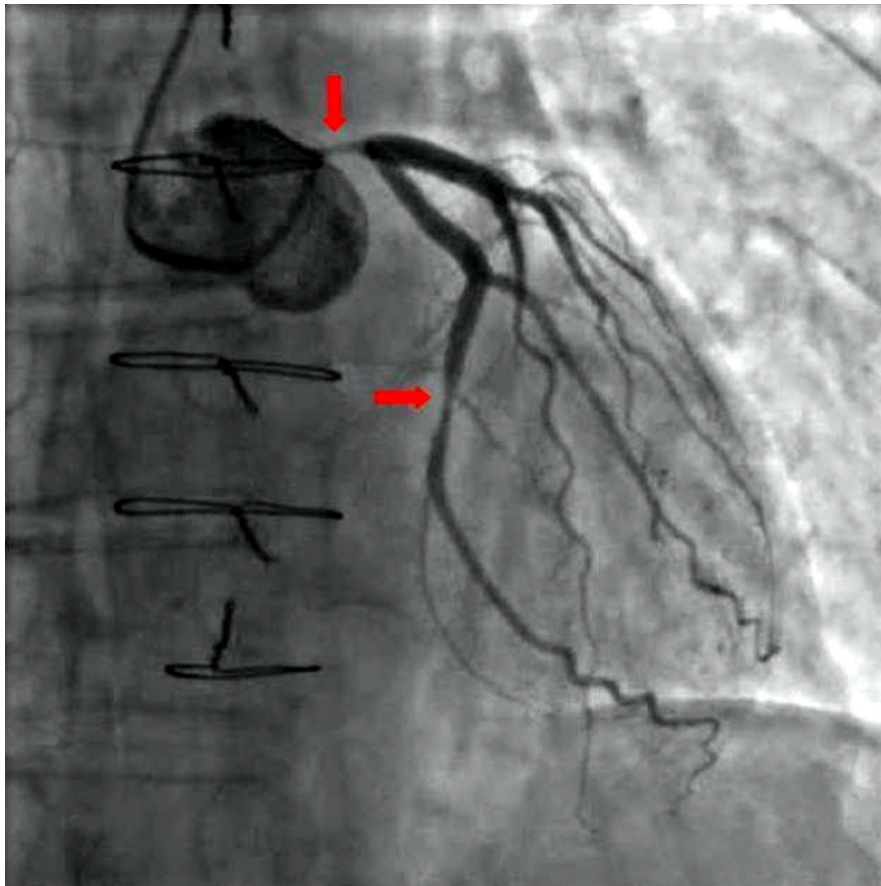


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A real coronary angiogram. The narrow segment in the left anterior descending artery is the classic look of a plaque blockage in CAD. Image: Pantaleo et al. via Wikimedia Commons (CC BY 2.0).



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Shared Decision Making - Comparing Your Options

Option	Best for	Recovery	Survival benefit
Medical therapy alone	Most stable CAD. Mild symptoms.	Immediate.	Equal to stent in ISCHEMIA trial.
PCI (stenting)	1-2 vessel disease. Persistent angina. ACS.	1-3 days.	Life-saving in STEMI. Equal to pills in stable.
CABG (bypass)	Left main. 3-vessel. Diabetes plus multivessel.	6-12 weeks.	Best in complex disease (SYNTAX trial).
Cardiac rehab + lifestyle	Every patient. Foundation of care.	Ongoing.	Cuts death and re-hospitalization ~25%.



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The GDMT Playbook - Your Daily Pills

- Guideline-Directed Medical Therapy (GDMT) is the pill regimen that lowers risk. Each pill has its own job.
- Aspirin 81 mg: prevents clots in narrowed arteries. Take with food.
- Statin (atorvastatin, rosuvastatin): lowers LDL. Stabilizes plaque. Take at night for best effect.
- Beta-blocker (metoprolol, carvedilol): slows the pulse. Reduces oxygen demand. First-line after a heart attack.
- ACE inhibitor or ARB: lowers BP. Protects the pump if function is low.
- Nitroglycerin: rescue for sudden chest pain. Sit down first. Take one under the tongue. Call 911 if pain lasts more than 5 minutes.
- SGLT2 or GLP-1: add if you have diabetes. Both lower heart risk on top of sugar control.
- Never stop a heart pill on your own. Stopping suddenly can trigger a heart attack.

Where CAD Fits with the Rest of Your Heart Care

- CAD is the most common heart disease. It links to many other conditions we treat. Each has its own guide.
- Chest pain workup: see the [Chest Pain guide](#).
- Calcium score for early CAD: see the [Coronary Calcium Score \(CAC\) guide](#).
- Chest pain with exertion: see the [Stable Angina guide](#).
- Heart attack and ACS: see the [Heart Attack \(ACS\) guide](#).
- Diet for the heart: see the [Heart-Healthy Eating guide](#).
- Cholesterol pills: see the [Statin Therapy guide](#).
- Blood pressure control: see the [Hypertension guide](#).
- Diabetes and the heart: see the [Diabetes and the Heart guide](#).
- Spasm (artery squeezes itself): see the [Coronary Vasospasm guide](#).

DAPT rule after a stent. Aspirin plus a second blood thinner (clopidogrel, ticagrelor, or prasugrel) for 6-12 months. **Never stop DAPT on your own.** Stopping early is a leading cause of stent clotting. Carry your stent card. Call us before any dental work or surgery.



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Risks, Benefits, and Alternatives

Every choice has trade-offs. Use this table to start the shared decision conversation.

Option	Risks	Benefits	Alternatives
Optimal medical therapy alone (statin + aspirin + BP control)	Side effects from each pill (muscle aches from statin, bleeding from aspirin). Need daily adherence.	Works as well as a stent for survival in most stable CAD (ISCHEMIA trial). Treats the whole tree of arteries.	Add a stent if symptoms persist. Add CABG if disease is complex. Cardiac rehab in all cases.
PCI (stenting)	Small bleeding or vessel-injury risk at the wrist. Restenosis in 5-10% of stents. DAPT for 6-12 months.	Relieves chest pain better than pills alone. Life-saving in STEMI. Quick recovery (1-3 days).	Pills alone. CABG for complex disease. Cardiac rehab in all cases.
CABG (bypass surgery)	Major surgery. 6-12 week recovery. Small risk of stroke or wound problems.	Best survival in left-main disease, three-vessel disease, or diabetes plus multivessel CAD (SYNTAX trial).	PCI for simpler patterns. Pills alone if symptoms are mild and anatomy is low risk.
Cardiac rehab	Time commitment. Usually 36 sessions over 12 weeks.	Cuts death and hospital stays by about 25%. Safe place to restart movement after an event.	Home walking program. Gym with a heart-aware trainer. Online rehab where covered.
Coronary CT angiogram (CCTA)	Small dye dose. Low radiation. Not for unstable patients.	Best non-invasive look at the artery anatomy. Rules out CAD in low-risk patients.	Stress test for known CAD. Invasive angiogram if the picture is unclear.



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Common Misconceptions

Myth	Reality
A stent cures CAD.	A stent fixes one spot. The disease keeps growing in other places unless lifestyle and pills continue.
Once my cholesterol is normal, I can stop my statin.	Cholesterol falls because the statin is working. Stopping it lets LDL climb back within weeks.
If I had no chest pain, the heart attack was not serious.	Silent heart attacks damage the muscle just as much. The blood troponin test tells the truth.
A clean CT angiogram means I will never get CAD.	A normal CCTA is great news for the next 5-10 years. Risk factors still matter for the long term.
Aspirin is the only blood thinner I need after a stent.	After a stent, you need DAPT (aspirin plus a second pill) for 6-12 months. Stopping early can clot the stent.
I can start aspirin on my own for prevention.	For adults without known CAD, routine aspirin is no longer advised above age 60. Bleeding risk is real.
Cardiac rehab is for athletes.	Rehab meets you where you are. It is the safest place to restart movement, even if you are very out of shape.
I feel fine, so my CAD must be stable.	CAD is often silent. Most first heart attacks have no warning. Stick with your medicines and follow-ups.



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Possible Complications

Knowing what can go wrong helps you spot problems early. Most complications are uncommon, especially with treatment.

Where / What	What Can Happen
Heart attack (myocardial infarction)	A plaque ruptures and an artery closes. Muscle dies if blood flow is not restored fast. Call 911.
Unstable angina	Chest pain at rest or pain that is changing. The plaque is unstable. Call 911.
Heart failure	Big or repeated heart attacks weaken the pump. Manage with GDMT. See our HFrEF guide.
Arrhythmia (atrial fibrillation, VT, VF)	Scarred heart muscle can fire chaotic signals. Some patients need an ICD or ablation.
Sudden cardiac arrest	Rare but deadly. Often caused by VT or VF on top of CAD. AEDs and bystander CPR save lives.
Stroke	CAD and stroke share the same risk factors. The same lifestyle and LDL targets apply.
Peripheral artery disease (PAD)	Plaque in the leg arteries. Often coexists with CAD. Calf pain with walking is the main clue.
Restenosis or graft failure	A stent or bypass graft can re-narrow over years. Sticking with pills and lifestyle helps prevent this.

Cardiac rehab matters. A 12-week program of supervised exercise plus risk-factor coaching cuts death and hospital stays by about 25%. Medicare covers rehab after a heart attack, stent, or bypass. Ask us to refer you.



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Points to Know

If you remember nothing else, remember these key points.

- CAD is treatable. Most patients live full active lives with the right mix of pills, lifestyle, and (sometimes) procedures.
- LDL cholesterol target after a heart event: below 70 mg/dL. Below 55 if you have other big risks.
- Blood pressure target: below 130/80. Home checks beat one office visit per year.
- Exercise: 150 minutes of moderate activity per week. Plus two strength sessions. Cardiac rehab is the safest start.
- Diet: Mediterranean or DASH. More plants and fish. Fewer ultra-processed foods.
- Smoking: zero. Quit-line 1-800-QUIT-NOW. Vaping is not a safe substitute.
- For most stable CAD, pills work as well as a stent for survival (ISCHEMIA trial).
- A stent fixes one spot. Pills and lifestyle still treat the rest of the artery tree.
- Never stop DAPT (aspirin + second pill) on your own after a stent. Call us first - even for dental work.
- Most heart attacks have no warning. Stick with your pills and follow-ups even if you feel fine.



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When to Call Us - and When to Call 911

If you are not sure, call. We would rather hear from you twice than miss a real problem.

- Chest pain or pressure at rest that lasts more than 5 minutes - call 911.
- Chest pain with sweating, shortness of breath, nausea, or pain spreading to the jaw, left arm, or back - call 911.
- Sudden severe shortness of breath or fainting - call 911.
- New chest pain with exertion that goes away with rest - call our office the same week.
- Any plan to stop a blood thinner (aspirin, clopidogrel, ticagrelor) - call us first.
- Upcoming dental work or surgery - call us; we coordinate your heart medicines.
- Side effects from a heart pill (muscle aches from statin, dizzy spells, slow pulse) - call us; do not stop on your own.
- Trouble paying for your medicines - call us; we can adjust the plan or help with assistance programs.

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Trusted Resources

The links below are the trusted resources Dr. Ali used to write this guide and that he recommends you visit for more information. Each is a clickable link in the digital version and a Short.io tracked URL on the printed version.

- [American Heart Association - Coronary Artery Disease](#) - AHA patient page on CAD. Plain language plus short videos.
- [Mayo Clinic - Coronary Artery Disease](#) - Mayo Clinic patient page. Symptom descriptions at a 6th-grade reading level.
- [Cleveland Clinic - Coronary Artery Disease](#) - Cleveland Clinic overview. Covers symptoms, tests, and treatment options.
- [NHLBI - Coronary Heart Disease](#) - Official NIH page on CAD. Includes risk factor explanations.
- [MedlinePlus - Coronary Artery Disease](#) - US National Library of Medicine CAD topic page. Links to many more NIH resources.
- [ISCHEMIA Trial - Plain-Language Summary](#) - AHA explainer on the ISCHEMIA trial. Why pills often work as well as a stent for stable CAD.
- [Million Hearts - Cardiac Rehab](#) - CDC/CMS resource on cardiac rehab. Why it cuts death and hospital stays.



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Sources Used to Build This Guide

Every recommendation in this guide is grounded in one or more of the studies, guidelines, or trusted resources below. Short links are tracked so Dr. Ali can see which references patients are reading; nothing personally identifying is captured.

- [2023 AHA/ACC Guideline for Diagnosis and Management of Chronic Coronary Disease](#) [Guideline]
Primary management framework; GDMT, revascularization thresholds, risk stratification.
- [ISCHEMIA Trial](#) [Clinical Trial]
Optimal medical therapy vs. early revascularization in stable CAD.
- [ISCHEMIA Extended Follow-up](#) [Original Research]
Long-term mortality outcomes supporting medical therapy in stable CAD.
- [COURAGE Trial](#) [Clinical Trial]
PCI + optimal medical therapy vs. medical therapy alone in stable angina.
- [SYNTAX Trial](#) [Clinical Trial]
PCI vs. CABG in complex multivessel/left main CAD.
- [DAPT Trial](#) [Clinical Trial]
Duration of DAPT after coronary stenting.
- [Framingham Heart Study — CAD Risk Factors](#) [Original Research]
Foundational evidence for modifiable CAD risk factors.
- [Mediterranean Diet and CV Risk \(PREDIMED\)](#) [Original Research]
Diet evidence base for lifestyle section.
- [American Heart Association — Coronary Artery Disease](#) [Patient Education]
Plain-language explanation and official patient resource.
- [Mayo Clinic — Coronary Artery Disease](#) [Patient Education]
Symptom descriptions at 6th-grade reading level.
- [NHLBI — Coronary Heart Disease](#) [Patient Education]
Official NIH patient resource with risk factor explanations.



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About This Guide

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Reviewer note: Reviewed against AHA, Mayo Clinic, Cleveland Clinic, NHLBI, and the 2023 AHA/ACC Chronic Coronary Disease guideline. Ours adds: a four-stage plaque diagram, a modifiable-risk wheel, a treatment ladder, an RBA table for each major option, an ISCHEMIA-trial framed equipoise box, and DAPT rules in plain English.

Disclaimer

This guide is for educational purposes only and does not replace medical advice from your physician. Recommendations may not apply to every patient. Always follow the specific instructions of Dr. Ali and your care team. In an emergency call 911 or go to the nearest emergency department.



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