

Prevalence and Current Practice of Vasospastic Angina in Korea

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The clinical characteristics and coronary angiographic findings were analyzed in 441 patients with vasospastic angina (VA) with a spasm provocation test at Kang Nam St. Mary's hospital The Catholic University of Korea from March 2001 to February 2008. A total 6,333 consecutive patients with chest pain who underwent coronary angiography at that period. This is a single center data due to there is no nation-wide registry data of VA in Korea so far.

The prevalence rate of the VA in the institute was 6.96%. The male to female ratio of VA was a quite similar (M:F=1.15 : 1). The mean age of the VA were 50.08±8.2 year-old in male, and 53.89±7.5 year-old in female. The causes of vasospastic angina are not well known. The smoking rate was significantly higher in the VA (44.2%) than any other CV risk factors (Chang, Baek.et. al., Coron Artery Dis 2003;14:293).

Current treatment strategy of our institute is a combination medical therapy. The most common medication is a triple combination drug regimen as 48.1%: the combination of calcium channel blocker + long-acting nitrate + potassium channel opener, followed by dual drug regimen such as calcium channel blocker + potassium channel opener, and calcium channel blocker + long-acting nitrate sequentially. The incidence of ACE inhibitor or angiotensin receptor blocker treatment showed a 28.3 % as add-on therapy. The incidence of aspirin also showed a 23.3 % as an add-on therapy.

I will also introduce some data of subgroup analysis of VA, (1) rates of cardiac death and progression of significant atherosclerosis (PCI) in VA, (2) comparison of the long-term prognosis between coronary vasospasm and intermediate vasoconstriction induced by the administration of acetylcholine (Shin, Baek. et. al., Korean Cir J 2006;36:503), (3) remission of coronary vasospasm in Korean vasospastic angina patients, (4) clinical and angiographic characteristics of acute myocardial infarction caused by vasospastic angina without organic coronary heart disease (Kim, Baek. et

al., *Circ J* 2007; 71: 1383)

Conclusion: Far-eastern Asian has a higher incidence of VA than Caucasian. It is necessary to make a consensus the standardization of a coronary spasm provocation protocol, and optimal treatment regimen of VA in future.