

### QUESTION

A 65-year-old male patient with a long history of hypertension and hyperlipidemia presents to the emergency department with acute chest pain. The patient reports a 15-minute episode of severe, crushing chest pain that radiates to the left arm and jaw. He has a history of smoking 20 cigarettes per day for 30 years and has been on treatment for hypertension and hyperlipidemia for several years. The patient is currently on a beta-blocker, a calcium channel blocker, and a statin. The patient's vital signs are stable, and there are no signs of heart failure or pulmonary embolism. The patient's electrocardiogram (ECG) shows ST-segment depression in leads II, III, and aVF, and ST-segment elevation in leads V1, V2, and V3. The patient's chest X-ray is normal. The patient's serum troponin I is elevated. The patient is diagnosed with a non-ST-elevation myocardial infarction (NSTEMI).

Parameter	Value
ECG	ST-segment depression in leads II, III, and aVF; ST-segment elevation in leads V1, V2, and V3
Chest X-ray	Normal
Serum troponin I	Elevated

What is the most appropriate management for this patient?

### ANSWER



The most appropriate management for this patient is to start aspirin, a beta-blocker, a statin, and nitroglycerin. If the patient is at high risk, a P2Y12 inhibitor (clopidogrel, prasugrel, or ticagrelor) should be added to the regimen. The patient should be discharged with medical therapy.

ANSWER: Aspirin, beta-blocker, statin, and nitroglycerin.

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