

Ranolazine

- Ranolazine is a newer antianginal drug act by reducing a late sodium current (I Na) that facilitates calcium entry via the sodium-calcium exchanger.
- The resulting reduction in intracellular calcium concentration reduces cardiac contraction
- Inhibition of late INa reduces intracellular sodium and calcium overload, thereby improving diastolic function.



Ranolazine

- Ranolazine has antianginal as well as antiarrhythmic properties.
 - USES: patients who have failed other antianginal therapies.

Drug interactions: Extensively metabolized in the liver by the CYP3A family and also by CYP2D6. It is also a substrate of P-glycoprotein.
In addition, ranolazine can prolong the QT interval and should be avoided with other drugs that cause QT prolongation.

1 [Ca2+]



Figure 21.3



Trimetazidine:

First cytoprotective anti-ischemic agent . metabolic modulators are known as pFOX inhibitors because they partially inhibit the fatty acid beta-oxidation pathway in myocardium. Preserves energy metabolism in cells

exposed to hypoxia.... prevents the decrease in intracellular ATP levels

Ivabradine

Bradycardic drugs, relatively selective If sodium channel : reduce cardiac rate by inhibiting the sodium channel in the SA node (inhibition of pace maker current). No other significant hemodynamic effects have been reported. USES: heart-related chest pain and heart failure The lack of effect on gastrointestinal and bronchial smooth muscle is an advantage of ivabradine.

Ivabradine

- Ivabradine appears to reduce anginal attacks with an efficacy similar to that of calcium channel blockers and β blockers.
 - It may be as effective as the beta blocker atenolol[4] and comparable with amlodipine in the management of chronic stable angina.

It is used in combination with beta blockers in people with heart failure with LVEF lower than 35 percent Side effects: luminous phenomena, bradycardia 2% and 5% of.[4] 2.6–4.8% reported headaches. first-degree AV block, ventricular extrasystoles, dizziness and/or blurred vision.

Newer Antianginal Drugs

The Rho kinases comprise a family of enzymes that inhibit vascular relaxation and diverse functions of several other cell types. Excessive activity of these enzymes has been implicated in coronary spasm, pulmonary hypertension, apoptosis, and other conditions. Drugs targeting the enzyme have therefore been sought for possible clinical applications.

Fasudil is an inhibitor of smooth muscle Rho kinase and reduces coronary vasospasm in experimental animals. In clinical trials in patients with CAD, ivabradineit has improved performance in stress tests.

Allopurinol

allopurinol, represents another type of metabolic modifier. Allopurinol inhibits xanthine oxidase, an enzyme that contributes to oxidative stress and endothelial dysfunction. A recent study suggests that high-dose allopurinol prolongs exercise time in patients with atherosclerotic angina.

Dipyridamole

- Inhibits the uptake of adenosine and PDE3 inhibitor.
- Thought to be a good coronary dilator.
 Increases the blood flow to the normal area i.e. "Coronary Steal Phenomenon".
 - Still used as an antiplatelet drug (in TIAs), but not better than aspirin.
- Dipyridamole enhances exercise-induced myocardial ischemia even the usual oral dosage and hence it not used as an antiplatelet agent in patients with stable angina





Anticoagulants and/or Thrombolytic Therapy.

Cholesterol Lowering Agents.

Angioplasty

Surgery.