PCI Choice: Class I/II Stable Angina

This is a tool for you and your clinician to discuss treatment choices for stable angina. In stable angina, stents are useful for symptom relief but do not reduce the risk of heart attack or death. However, stents can reduce the risk of death in other heart diseases, such as unstable angina or heart attack.

Medicines alone
In 100 people:
14 will need a stent,
86 will not.

Medicines + stents
In 100 people:
SEVEN will need another procedure,
93 will not.

Based upon the benefits and risks, which choice do you prefer?
Benefits

Prevention of heart attack or death in stable coronary artery disease with medicines + stents compared to medicines alone:

**NO DIFFERENCE** in heart attack or death.

How symptoms improve in 100 people with medicines + stents compared to medicines alone:

<table>
<thead>
<tr>
<th>Time</th>
<th>One month</th>
<th>Six months</th>
<th>One year</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>47</td>
<td>64</td>
<td>71</td>
</tr>
<tr>
<td>Improvement</td>
<td>43</td>
<td>27</td>
<td>9</td>
</tr>
<tr>
<td>Medicine alone</td>
<td>28</td>
<td>10</td>
<td>1</td>
</tr>
</tbody>
</table>

Risks

During the stent procedure:
- **Bleeding, heart attack, stroke or death**
  - In 100 people:
    - **TWO will have bleeding or damage to a blood vessel; 98 will not.**
    - **ONE will have a complication such as heart attack, stroke or death; 99 will not.**

During the first year after stent:
- **Bleeding and heart attack**
  - In 100 people:
    - **THREE will have a bleeding event from the additional blood thinner needed with a stent; 97 will not.**
    - **TWO will develop a clot that forms in the stent leading to a heart attack; 98 will not.**

Based upon the benefits, which choice do you prefer?