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Guidelines

Summary of the 2013 ESC guidelines on the management of stable coronary artery disease^{☆,☆☆}

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1. Preamble

Guidelines summarize and evaluate all evidence available, at the time of the writing process, on a particular issue. Guidelines and recommendations should help physicians to make decisions in their daily practice. The level of evidence and the strength of recommendation of particular treatment options were weighed and graded according to predefined scales, as outlined in [Tables 1 and 2](#).

2. Introduction

These guidelines should be applied to patients with stable known or suspected coronary artery disease (SCAD): (i) those having stable angina pectoris or other symptoms felt to be related to coronary artery disease (CAD) such as dyspnoea; (ii) those previously symptomatic with known obstructive or non-obstructive CAD, who have become asymptomatic with treatment; (iii) those who report symptoms for the first time

Table 1 – Classes of recommendations.

Classes of recommendations	Definition	Suggested wording to use
Class I	Evidence and/or general agreement that a given treatment or procedure is beneficial, useful, effective	Is recommended/is indicated
Class II	Conflicting evidence and/or divergence of opinion about the usefulness/efficacy of the given treatment or procedure	
Class IIa	Weight of evidence/opinion is in favour of usefulness/efficacy	Should be considered
Class IIb	Usefulness/efficacy is less well established by evidence/opinion	May be considered
Class III	Evidence or general agreement that the given treatment or procedure is not useful/effective, and in some cases may be harmful	Is not recommended

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