Table 5. Evidence based therapies for HF with focus on ICMP (Modified from: Cleland JG, John J, Dhawan J, Clark A. What is the optimal medical management of ischaemic heart failure? *Br Med Bull*. 2001;59:135-158)

Drug	Impact on Cardiovascular Function	Clinical Data
Angiotensin receptor inhibitors (ACE-I)	• Exact mechanisms of underlying benefit in ICMP are unclear • Aids in favorable ventricular remodeling – particularly post MI (SAVE trial) • May improve coronary endothelial function • May help prevent plaque progression and rupture	• Multiple clinical trials have demonstrated a mortality benefit in ICMP patients receiving ACE-I treatment (CONSENSUS trial, V-HeFT-II, SOLVD treatment) • Meta-analysis by Garg and Yusuf demonstrated a 7.0% absolute reduction in mortality in patients on ACE-Is and an 11.8% reduction in mortality or hospitalization for heart failure
Beta Blockers	• Exact mechanisms of underlying benefit in ICMP are unclear • May decrease episodes of ischemia and stunning • May prevent lipid accumulation in plaques • Reduce risk of sudden death post MI	• The CIBIS-II trial, USCT, and MERIT trials have demonstrated absolute reductions in mortality which have ranged from 4.3 to 7.2%. • The benefit in the above trials was greater for ICMP vs NICMP
Aldosterone antagonists (Aldactone and Eplerenone)	• Aids in favorable ventricular remodeling and has anti-fibrotic properties • Reduces sudden cardiac death	• The RALES trial demonstrated benefits in both ICMP and NICMP patients with a reduction in mortality when added to baseline

		therapy in NYHA Class III/IV patients • The EPHESUS trial demonstrated a mortality and morbidity (reduction in hospitalizations) benefit and reduction in sudden cardiac death in patients with reduced LV systolic function post MI
Digoxin	• Positive inotropic agent • Controls heart rate in atrial fibrillation	• Provides modest symptomatic benefit to patients with systolic HF • Magnitude of benefit may be less apparent in ICMP patients • Suggestion of increased mortality due to MI in the DIG trial (majority of patients in trial had ICMP)