

Patient information from BMJ

Last published: Apr 30, 2025

Stable angina: what are the treatment options?

If you have stable angina you get pain and discomfort when your heart needs to work harder than usual. This might be when you exercise or experience stress. With stable angina, the pain goes away when you stop what you are doing and rest, or when you take your angina medicine.

To read more about the causes and symptoms of stable angina, see our information [Stable angina: what is it?](#)

Treatments for angina

You might worry about how angina will affect you and what will happen in the future. But there are treatments that can control angina attacks and help you stay active.

You'll probably need to take a few types of medicine. The main medicines for angina are designed to:

- relieve your angina pain
- reduce your risk of a heart attack or stroke
- prevent further angina attacks.

There may also be lifestyle changes you can make to look after your heart and lower your risk of heart attack.

Medicine for angina pain

You will probably be given glyceryl trinitrate (GTN), a type of medicine known as a **nitrate**. This type of medicine can make the pain of an angina attack go away quickly, within a few minutes. It relaxes the walls of your arteries so that your blood can flow more easily. It will be given to you as a tablet or a spray which goes under your tongue.

GTN also widens the blood vessels in your brain. This can cause a throbbing headache that starts soon after you take it. For some people GTN causes other mild side effects, such as feeling dizzy, and redness in the face.

Stable angina: what are the treatment options?

You can carry GTN with you so it's ready to take if you have an angina attack. You can also use it just before you do something that can bring on an attack, such as going for a walk.

If your angina doesn't go away after you've stopped what you are doing and taken a dose of your angina medicine, you should call the emergency services. You could be having a heart attack.

Medicines to prevent a heart attack or stroke

If you have angina you have a higher risk of having a heart attack or stroke. Your doctor might suggest treatments to reduce your risk. This might include medicines to:

- stop your blood from clotting too easily
- lower your cholesterol, and
- control your blood pressure.

Medicines to help prevent blood clots

Your doctor might suggest that you take a low dose of **aspirin**. Aspirin makes your blood less 'sticky'. This makes you less likely to have a heart attack or stroke caused by a blood clot blocking your arteries.

But aspirin can cause ulcers or bleeding in the stomach for some people. If aspirin isn't suitable for you (for example, if you've had a stomach ulcer before) you might be able to take a similar drug, called clopidogrel.

Medicines to lower cholesterol

Medicines called **statins** can lower your cholesterol. If you have too much cholesterol in your blood, over time fat can build up in your arteries making them hardened and narrow. This makes it harder for your blood to flow and makes heart attacks and strokes more likely.

There are lots of different types of statins available. Usually, once you start taking a statin you will need to take them for the rest of your life.

Taking statins can lead to side effects in some people, including muscle pain. In some people they can cause more serious liver damage and kidney damage. You may need blood tests to check that your liver and kidneys are working properly.

Your doctor may recommend other medicines that lower cholesterol. Lifestyle changes can have a big impact on your cholesterol levels too. These may be tried first or alongside treatment with statins.

Medicines to lower blood pressure

Medicines such as ACE inhibitors can help protect you from a heart attack or stroke by lowering your blood pressure. They can cause side effects, including a dry cough. If you can't take an ACE inhibitor, your doctor may suggest another medicine that lowers blood pressure.

Medicines to prevent angina attacks

If you are getting angina often, your doctor may suggest you take medicine to reduce the number of attacks you get. You may have to take more than one of these medicines.

Beta-blockers are the first type of medicine most doctors recommend for controlling angina. Beta-blockers also reduce your chances of having a heart attack or stroke.

They can cause side effects, including feeling tired and dizzy when you stand up, and cold hands and feet. If you're a man and have erection problems, beta-blockers can sometimes make them worse. Beta-blockers are not usually recommended for people who have asthma. They may make asthma symptoms worse.

If you can't take a beta-blocker, or if your doctor thinks you need extra medication, they might suggest you take a **calcium channel blocker**. These medicines can also help your blood pressure. Possible side effects include flushed skin, swollen ankles, dizziness when standing up quickly, and low blood pressure.

Long-acting nitrates are medicines that help widen your blood vessels. They come as tablets or as ointment you rub on your skin. Sometimes they also come as patches you apply to your skin each day. But your body can get used to long-acting nitrates, which means they stop working so well. To avoid this you take nitrates only at certain times. Or if you have a patch, make sure you have some patch-free time every day.

In some people long-acting nitrates may cause headaches, dizziness and fainting, and red or flushed skin. These medicines are usually offered to people who can't take other angina medicines. Or sometimes people with more severe symptoms try these when their medicines aren't working well enough.

Other treatments

If you can't take the usual angina treatments or you still have symptoms, you may be given other medicines to help your heart when it needs to work harder. For example, a medicine called ivabradine, or one called nicorandil. Your doctor will talk to you about the best option for you.

Surgery can be used to re-open arteries in people whose angina is very severe. The most common procedures are coronary angioplasty or a coronary artery bypass. These procedures are usually only recommended for people with stable angina whose angina symptoms are not controlled by medicines, and people at high risk of having a heart attack or stroke. If you are having surgery, lifestyle changes will still be needed alongside your treatment to reduce the risk of future heart attacks or strokes.

Lifestyle changes

If you have angina there are many things you can do to reduce your chance of having a heart attack or stroke. Doing these things may also mean you have fewer angina attacks.

- If you smoke, get help to stop. Smoking makes your arteries more narrow. Your doctor can advise you on ways to stop smoking.

Stable angina: what are the treatment options?

- Keep to a healthy weight. This might involve changing your diet and physical activity levels.
- Follow a diet that includes more fresh fruit and vegetables and fewer processed, fatty, or sugary foods.
- Take regular gentle exercise - but discuss this with your doctor first. They will help guide you on a level of exercise appropriate for you.
- Try to limit how much alcohol you drink.
- Try to recognise and avoid things that cause you stress.

For more on staying healthy, see the leaflet *Stable angina: living with your condition*.

Having angina might make you worry more, or make you feel down. This can affect your quality of life. If your mood is very low or you feel depressed, talk to your doctor. There are treatments that can help.

Your doctor or nurse will also make sure you know the signs of your angina getting worse, and what to do if this happens. You will need to know when to call an ambulance or go to hospital for urgent medical help.

The patient information from *BMJ Best Practice* is regularly updated. The most recent version of Best Practice can be found at bestpractice.bmj.com. This information is intended for use by health professionals. It is not a substitute for medical advice. It is strongly recommended that you independently verify any interpretation of this material and, if you have a medical problem, see your doctor.

Please see BMJ's full terms of use at: bmj.com/company/legal-information. BMJ does not make any representations, conditions, warranties or guarantees, whether express or implied, that this material is accurate, complete, up-to-date or fit for any particular purposes.

© BMJ Publishing Group Ltd 2025. All rights reserved.

What did you think about this patient information guide?

Complete the [online survey](#) or scan the QR code to help us to ensure our content is of the highest quality and relevant for patients. The survey is anonymous and will take around 5 minutes to complete.



BMJ Group