SPECIALTY
Cardiology

CHIEF COMPLAINT
Hypertension

COMMENTS TO SPECIALIST
Patient with uncontrolled hypertension; taking several medications, including:

- Amlodipine 10mg daily
- Metoprolol 50mg BID
- Hydrochlorothiazide (HCTZ) 12mg daily
- Lisinopril 20mg daily
- Clonidine 0.2mg BID

The patient has a history of hypertension and heart rate (HR) up to 130, unknown origin. Baseline HR is 80-130s.

The patient reports seeing a Cardiologist >2 years ago, prior to this appointment but did not follow up. No history of diabetes, smoking or renal disease.

MAIN QUESTION
Please review the attached documents and provide recommendations for further treatment and diagnostics.

Response from eConsult Specialist

JONAH BIRDE, DO, CARDIOLOGY
NPI: 1000005001

Arista|MD

SUMMARY
Treatment options available at the primary care level.

DETAILS
For now, I would not change the medication regimen. Encourage weight loss, exercise and a low-salt diet. The Blood Pressure (BP) readings provided in your request are quite variable. We need an accurate baseline before making changes.

I have some recommendations for office-based BP measurement, the accuracy of which is essential. I recommend manual measurement using an oscillometric device. Particular attention to cuff size and placement in obese patients is very important. BP should be taken in the sitting position. For some patients, particularly older adults and diabetic patients, supine, sitting and standing BP tests are useful in detecting orthostatic hypotension.

For office monitoring of antihypertensive therapy, the BP should optimally be measured at about the same time of day and before medications are taken to estimate the trough or nadir effect.

Extraneous variables influencing the BP should be avoided 30 minutes before evaluation. These include food intake, strenuous exercise (which can lower the BP), smoking and the ingestion of caffeine. Taking the BP in a cool room (12oC or 54oF) or while the patient is talking can raise the measured value by as much as 8 to 15mmHg.

Even under optimal conditions, many patients are apprehensive when seeing the clinician, resulting in an acute rise in BP: 20-30% of patients with hypertension in the clinicians office are normotensive outside the office. This phenomenon, called white coat or isolated office hypertension, should be suspected in any asymptomatic patient with markedly elevated office BP in the absence of end-organ damage. The presence of white coat hypertension can be confirmed by 24-hour BP management by prison staff or self-recorded readings using an automated oscillometric device. Although these measurements may be inconsistent with manually obtained measures, the purpose is to compare measures taken using the same instrument at different times under typical home conditions.

Once you have this baseline, should the concern for hypertension remain, please request a follow up eConsult for further discussion.

Jonah Birde, DO

Jonah Birde, DO, Cardiologist

05/22/23 13:15 PST

Response Date Stamp