

CASE 2

Level of
Therapeutic
Difficulty:

2

Hypertension Therapy in Managed Care

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▼ **CASE 2 SCENARIO**

Patient and Setting: BT, a 35-year-old African-American male; staff-model HMO practice site

Chief Complaint: Follow-up visit for management of hypertension

History of Present Illness: Episodic asthma, gout, hypertension

Past Medical History: Controlled 3-year HTN (148/84) on enalapril 10 mg qd; HMO changed enalapril to benazepril 3 months ago; no bronchospasms in past 4 years; last gout attack 6 months ago; LDL 140, HDL 45 (values 1 year ago); normal urinalysis

Past Surgical History: Noncontributory

Family/Social History: Cigarette smoker 365 pks/y, used nicotine patch for 3 months, still smoking; married, 3 children; delivery truck driver

Medication History: Benazepril 10 mg po qd
Allopurinol 300 mg po qd
OTC NSAID prn for acute gout attacks
Nicotine patch qd

Allergies: Penicillins

Physical Examination:

GEN: WD WN male
VS: BP 136/94, HR 64, RR 16,
T 37°C, Wt 70 kg (154 lbs)
Ht 183 cm (6'0")
HEENT: Not performed
COR: Not performed
CHEST: Clear, no prolonged expi-
ratory phase
ABD: Not performed
GU: Not performed
RECT: Not performed
EXT: WNL
NEURO: WNL

**Results of Pertinent Laboratory
Tests, Serum Drug Concentrations,
and Diagnostic Tests:**

No labs obtained

CASE 2 PROBLEM LIST

1. _____
2. _____
3. _____
4. _____
5. _____

▼ Case 2 SOAP NOTE

S: _____

O: _____

A: Problems:

1. _____
2. _____
3. _____
4. _____
5. _____

P: Problem 1: _____

- _____
- _____
- _____

Problem 2: _____

- _____
- _____

Problem 3: _____

- _____
- _____

Problem 4: _____

- _____
- _____

Problem 5: _____

- _____

CASE 2 QUESTIONS

1. Which is the antihypertensive effect of ACE inhibitors in the treatment of African-American patients compared to white patients? (EO-3,4)

- a) Equivalent at the same dose
- b) Greater at the same dose
- c) Equivalent at higher doses
- d) Equivalent at lower doses

2. When an ACE inhibitor is added to diuretic therapy in the treatment of hypertension . . . (EO-7,8,9,10)

- a) The dose of the diuretic should be reduced.
- b) The dose of the diuretic should be increased.
- c) There is no need to adjust the dose of the diuretic.
- d) The diuretic should be discontinued indefinitely.

3. For which of the following medication classes is there a lack of cost-effectiveness studies? (EO-12,16)

- a) ACE inhibitors
- b) Selective alpha blockers
- c) Thiazide diuretics
- d) Beta-blockers

4. An apparent treatment problem in BT's case is: (EO-8,11,12)

- a) Inadequate dosing of benazepril
- b) Changing to a different color tablet
- c) Overdosing the ACE inhibitor
- d) Elimination of the ACE inhibitor

5. The treatment recommendation for smoking cessation for BT is: (EO-14,15,16)

- a) Behavior modification program
- b) Drug therapy and smoking cessation program
- c) Continued use of nicotine patch
- d) Prescribe anxiolytic medication

6. When combined with allopurinol, an ACE inhibitor may: (EO-8,9,10)

- a) Block the uric acid-lowering effect of allopurinol
- b) Decrease the clearance of allopurinol
- c) Enhance the uric acid-lowering of allopurinol
- d) Increase the likelihood of allopurinol hypersensitivity reactions

7. Following hypertension control, which of the following should be the next priority in this case? (EO-4,15)

- a) Gout management
- b) Asthma monitoring
- c) Smoking cessation
- d) Dyslipidemia treatment

8. Control of hypertension in BT is best affected by: (EO-7,8,12)

- a) Changing to another ACE inhibitor
- b) Optimizing medication dose
- c) Changing medication class
- d) Adding a beta-blocker

9. Which of the following may reduce the antihypertensive effects of ACE inhibitors? (EO-8,9,10)

- a) Diuretics
- b) Low-dose aspirin
- c) NSAIDs
- d) Digoxin

10. The prevalence of hypertension . . . (EO-3)

- a) Decreases with age
- b) Is higher among African Americans
- c) Does not vary significantly from country to country
- d) Has declined in the United States during the past 10 years

See test forms on page S160.