

CASE 3

Level of  
Therapeutic  
Difficulty:

1

# Coronary Heart Disease; Hypertension

*Natalie Tate; Pamala Reed, DPH, MPH; Phonzie Brown, DPH; William Gouveia, MS; David Hawkins, PharmD; and Charles P. Tifft, MD*

▼ CASE 3 SCENARIO

<b>Patient and Setting:</b>	AW, an 80-year-old white female; physician's office
<b>Chief Complaint:</b>	Pain and swelling in feet and ankles
<b>History of Present Illness:</b>	Amlodipine increased from 2.5 qd to 5 mg qd 6 weeks ago for BP 160/94; ankles began swelling shortly after; no increase SOB; sodium intake minimal; no NSAIDs have been used
<b>Past Medical History:</b>	30-year CHD history, CABG 20 years ago; angina pectoris stable for 10 years; thrombophlebitis in left calf after birth of second child; no post-phlebotic edema; hyperlipidemia (LDL 140 TC 200)
<b>Past Surgical History:</b>	Total hysterectomy 30 years ago, no complications
<b>Family/Social History:</b>	Family longevity with no major medical problems; denies smoking and drinking; widowed, lives alone; 2 children, both live out of state; attends church regularly; same family physician for 25 years
<b>Medication History:</b>	Amlodipine 5 mg po qd; metoprolol 25 mg po b.i.d.; atorvastatin 10 mg po qd; Metamucil® daily
<b>Allergies:</b>	Photosensitivity on thiazide diuretics

**Physical Examination:**

GEN:	WD WN elderly female in no acute distress	no evidence of phlebitis or varicosity
VS:	HR 64 regular; BP 140/88; RR 14; Wt 52 kg (115 lbs); Ht 163 cm (5'4")	NEURO: WNL
HEENT:	Arteriolar narrowing on fundoscopic examination; no carotid bruit present	
COR:	I/VI SEM; PMI not laterally displaced; intermittent S3 gallop	
CHEST:	Clear, no JVD	
ABD:	WNL	
GU:	Not performed	
RECT:	Not performed	
EXT:	1+ edema on left ankle, trace ankle edema on right,	

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

Values from last office visit 6 weeks ago:  
 SCr: 1.0  
 BUN: 12  
 K: 4.2  
 LFT: normal including Alb 3.9  
 LDL: 90

▼ Case 3 SOAP NOTE

CASE 3 PROBLEM LIST

S: \_\_\_\_\_

1. \_\_\_\_\_

O: \_\_\_\_\_

2. \_\_\_\_\_

A: Problems:

3. \_\_\_\_\_

1. \_\_\_\_\_

4. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

5. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

P: Problem 1: \_\_\_\_\_

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Problem 2: \_\_\_\_\_

- \_\_\_\_\_
- \_\_\_\_\_

Problem 3: \_\_\_\_\_

- \_\_\_\_\_
- \_\_\_\_\_

Problem 4: \_\_\_\_\_

- \_\_\_\_\_
- \_\_\_\_\_

Problem 5: \_\_\_\_\_

- \_\_\_\_\_

CASE 3 QUESTIONS

**1. Which of the following represents psychosocial factors that may adversely affect AW's adherence to both pharmacologic and nonpharmacologic therapy? (EO-15)**

- a) Monotherapy for hypertension
- b) Limited support system (eg, family)
- c) Increased activity due to symptomatic improvements
- d) Adequate financial resources

**2. ACE inhibitors can be differentiated on the basis of their . . . (EO-6,7,10,11,12):**

- a) Efficacy in the treatment of hypertension
- b) Efficacy in the treatment of heart failure
- c) Dose-dependent relationships
- d) Duration of action

**3. For AW, on Medicare without prescription benefits, which cost consideration is most important? (EO-8,15)**

- a) OTC drug costs
- b) Physician office visit
- c) Indirect medical costs
- d) Selection of specific ACE inhibitor

**4. Which of the following statements incorrectly describes combination therapy? (EO-8,15)**

- a) Should improve compliance by reducing the number of medication units
- b) Often reduces medication costs
- c) Would expect same side effects
- d) No ACE inhibitor /calcium channel blocker combination currently exists.

**5. AW's current QOL scores suggest increased pain and depression and decreased social interaction. The physician's first step in addressing this should be: (EO-16,17)**

- a) Prescribe antidepressant medication
- b) Prescribe narcotic analgesics
- c) Discuss QOL priorities with AW
- d) Prescribe antidepressant and pain medication

**6. This patient has a problem with her ankles, which limits her . . . (EO-16,17)**

- a) Ability to sleep
- b) Ability to have social telephone calls
- c) Ability to attend church services
- d) Satisfaction of care with her physician

**7. Which of the following is not a sequela of hypertension? (EO-1,3)**

- a) Stroke
- b) Heart failure
- c) End-stage renal disease
- d) Diabetes

**8. ACE inhibitors have been shown to: (EO-1,11,12)**

- a) Increase the incidence of angina
- b) Increase the progression of coronary disease
- c) Reduce the peripheral edema associated with calcium channel blocker therapy
- d) Increase heart rate

**9. Which of the following ACE inhibitors do not require dosing adjustments in patients with significant renal insufficiency? (EO-1,7,9,10)**

- a) Benazepril and captopril
- b) Lisinopril and enalapril
- c) Moexipril and ramipril
- d) Fosinopril and trandolapril

**10. Which of the following describes a consequence of 3 months of ACE inhibitor therapy? (EO-10)**

- a) Sodium retention
- b) Angiotensin-II escape
- c) Peripheral vasoconstriction
- d) Baroreceptor activation

*See test forms on pages S160 and S161.*