

Hypertension Mega-Case

A 40 yo obese woman with a strong FH of CAD and DM presents to the office for a BP check. She had presented to the oral surgeon for dental extraction and they refused to proceed due to a measured BP of 178/102. Her PMH is notable for anxiety, depression, adult ADHD, and low back pain. Her medications include OCPs, Zolof, Ritalin, and Klonopin. She also takes an OTC weight loss pill and Motrin for her back & dental pains.

ROS is positive for poor sleep, daytime somnolence, headaches, dental pain, palpitations, irregular menses, hair loss and LE edema. She does smoke about 1 ppd and drink alcohol “socially” on weekends. When you try to take a dietary history she starts crying and becomes defensive.

“I don’t need a lecture about my diet, I just need to get my teeth pulled – can you help me or not?”

Her BP in the office today was 188/98. You recheck it after taking the history and it is 192/102. Her pulse is 98, temp and respirations normal.

What additional questions do you have?

Does this patient have hypertension? If so, what stage?

(Step 1 – Detect and confirm HTN)

What physical exam would you perform in this visit?

(you have two patients roomed & waiting)

(Steps 2 & 3 – Target organ damage and secondary causes)

This patient has clues to / signs of at least ten secondary (or modifiable) causes of HTN. Name as many as you can find.

(Step 3 – Identifiable / secondary causes of HTN)

What diagnostic testing would you order and why?

(Steps 2-3-4 – Target organ damage, secondary causes, cardiovascular risks)

What therapeutic interventions would you recommend?

When will you see this patient back in the office?