HYPERTENSION
CASE PRESENTATION

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53 year old AAF presents to the office with
- Chronic poorly controlled hypertension
- Residual left-sided weakness s/p CVA
- 25 pack year smoking history
- Recent onset of seizures
- Long standing anxiety disorder
Past Medical History

Hypertension

Meds: Lisinopril 40 mg daily
     Nifedipine XL 90 mg daily
     Metoprolol 150mg daily
     Hydrochlorothiazide 25 mg daily

CVA with Residual L-sided Weakness

Meds: Methocarbamol 750 mg tid prn
     Atorvastatin 80 mg qhs
     Aspirin 81 mg daily

Large PFO

Anxiety/Panic Disorder

Meds: Mirtazapine 15 mg qhs
Past Medical History

**Generalized Aches and Pains**
Meds: Gabapentin 300 mg tid  
Lidocaine patch 5% prn  
Acetaminophen 500 mg prn

**Seizure Disorder**
Meds: Levetiracetam 500 mg bid

**Bladder Irritability**
Meds: Tolterodine LA 4 mg daily

**Seasonal Allergies**
Meds: Loratadine 10 mg daily

**Mild Intermittent Asthma**
Meds: Albuterol prn
Social History

- History of cocaine and benzodiazepine use, sober since 11/2017
- No recent history of alcohol dependence
- Current some day smoker with 25 pack year history
- Not employed at this time
- Lives with husband
- No significant issues with food insecurity, medication affordability or transportation

Preventive Health

- All health maintenance and immunizations up to date
Pertinent Physical Exam

- Weight: 161 lbs, height: 5’5”
- WDWN female sitting in exam room chair
- Patient’s husband sitting in patient’s motorized scooter
- RRR, no m/r/g
- CTAB, no w/r/r
- L arm is held at side and flexed in sling
- Ambulates with cane
- Circumduction, hip hike, foot drop on L
HOW DO WE GET TO HER IDEAL REGIMEN NOW?

Hydrochlorothiazide 25 mg daily
Lisinopril 40 mg daily
Nifedipine XL 90 mg daily
Metoprolol 150mg daily

Hydrochlorothiazide 25 mg daily
Lisinopril 40 mg daily
Amlodipine 10 mg daily
Clonidine patch 0.3 mg/24 hours
How do I deal with blood pressures during physical therapy?

- Physical therapy checks blood pressures.
- Can NOT go back to PT unless blood pressures are better.