

HYPERTENSION

Presentation

- Usually asymptomatic
- May have headache or vision changes

Focused Assessment

- Measure BP twice, 5 min apart
- Fundoscopic exam → AV nicking (HTN retinopathy), hemorrhage, papilledema?
- Auscultate for carotid bruits
- Heart and lungs
- Radial pulses for symmetry
- Palpate lower extremities for edema & pedal pulses for symmetry

Differentials

- Secondary HTN d/t CKD, thyroid dysfunction, OSA, medications (NSAIDs, oral contraceptives, corticosteroids), pregnancy
- White coat syndrome

Diagnostic Tests

- ECG
- Fasting labs → CBC, CMP, lipid panel, TSH, UA
- ASCVD risk estimator (10 yr risk of heart disease/stroke)

Confirmed Dx

- Start on BP meds if >140/90 on 2 separate occasions

Medications

- Stage 1 HTN (SBP 130-139)... 1 medication
 - Hydrochlorothiazide 25 mg daily → elderly and black people
 - Lisinopril 10 mg daily → heart & kidney protective. Watch for dry cough & elevated K
 - Amlodipine 5 mg daily → elderly and black people. Watch for BLE edema
- Stage 2 HTN (SBP > 140)... 2 medications
 - Hydrochlorothiazide 25 mg daily & Lisinopril 10 mg daily

Referrals

- Cardio if ECG abnormal

Education

- 30 min aerobic exercise x5 days/wk
- DASH diet → fruit and vegetables, whole grains, low sodium, low fat
- Limit alcohol: ≤ 2 drinks daily for men, ≤ 1 drink daily for women
- Smoking cessation
- Check BP daily, keep log → bring to f/u appt

Follow-Up

- 2-4 wk

HYPERLIPIDEMIA

Presentation

- Asymptomatic until development of ASCVD → chest pain

Focused Assessment

- Eyes
 - Arcus cornealis (white ring around iris, abnormal if < age 45)
 - Eyelid xanthelasmas (yellow growths near inner corner of eyelids)
- Auscultate for carotid bruits
- Heart and lungs

Differentials

- Nephrotic syndrome may induce HLD

Diagnostic Tests

- Fasting labs → lipid panel, CMP (assess kidney fx), TSH (assess for hypothyroidism), liver fx panel (prior to initiating meds)
- ASCVD risk estimator (10 yr risk of heart disease/stroke)

Confirmed Dx

- LDL \geq 190

Medications

- **Atorvastatin 10 mg daily** → watch for muscle cramping
- Ezetimibe 10 mg daily

Referrals

- Nutritionist

Education

- 30 min aerobic exercise x5 days/wk
- DASH diet → fruit and vegetables, whole grains, low sodium, low fat
- Limit alcohol: \leq 2 drinks daily for men, \leq 1 drink daily for women
- Smoking cessation

Follow-Up

- Every 6-8 wk to recheck labs until goal is achieved (LDL < 100), then every 6-12 months

TYPE 2 DIABETES

Presentation

- Polydipsia, polyuria, polyphagia
- Vision changes

Focused Assessment

- Fundoscopic exam → cotton wool spots (diabetic retinopathy)
- Auscultate for carotid bruits
- Heart and lungs
- Palpate lower extremities for edema & pedal pulses for symmetry
- Foot exam → skin integrity, sensation, nail thickness

Differentials

- Pre-diabetes (Hba1c = 5.7-6.4, fasting plasma glucose = 100-125)
- Type 1 DM (differentiating test = C-peptide low or absent)
- Gestational DM

Diagnostic Tests

- Fasting labs → CBC, CMP, lipid panel, Hba1c, microalbuminuria, TSH, liver fx panel
- ECG

Confirmed Dx

- Fasting plasma glucose ≥ 126 on 2 separate occasions
- HbA1c ≥ 6.5

Medications

- 1st Line → Metformin 500 mg BID – watch for GI upset
- Adjunct → Empagliflozin 10 mg daily OR Semaglutide 0.25 mg subQ weekly
- ADDITIONAL MEDS
 - BP Control (goal $< 130/80$) → Lisinopril 10 mg daily
 - Lipid Control (goal LDL < 70) → Atorvastatin 10 mg daily

Referrals

- Ophthalmologist → yearly eye exams
- Podiatrist → yearly foot exams
- Nutritionist

Education

- Monitor fasting blood glucose daily and keep log, bring to f/u appt
- 30 min aerobic exercise x5 days/wk
- DASH diet → fruit and vegetables, whole grains, low sodium, low fat
- Limit alcohol: ≤ 2 drinks daily for men, ≤ 1 drink daily for women
- Smoking cessation
- Foot care → inspect and wash feet daily, avoid going barefoot, trim toenails straight across
- COMPLICATIONS: cataracts, glaucoma, CAD, CKD, PVD, peripheral neuropathy, delayed healing

Follow-Up

- 2-4 wk

BACK PAIN

Presentation

- Acute = less than 6 wk
- Chronic = > 3 mon

Focused Assessment

- History
 - OLDCARTS
 - Pre-existing conditions or past surgeries?
 - Trauma?
 - Loss of bladder/bowel function or saddle anesthesia? (r/o cauda equina) → ED REFERRAL
- Observe gait
- BLE strength and pulses
- Assess DTR
 - Patellar: tests nerves at roots L2-L4
 - Achilles: tests nerves at roots S1-S2
- Hip ROM → pain suggests hip etiology
- **Straight leg raise test** → elevation of affected leg in supine position will elicit pain at 20-30 degrees for severe disease, 30-60 degrees for moderate disease
- **Contralateral straight leg raise test** → elevating unaffected leg produces pain in the affected leg

Differentials

- Muscle strain/sprain
- Herniated disc
- Osteoarthritis
- Cauda equina

Diagnostic Tests

- If injury → x-ray to r/o fracture
- If positive straight leg raise or contralateral straight leg raise test → MRI to r/o herniated disc

Medications

- Naproxen 250 mg BID PRN – take with food
- Flexeril 5 mg TID PRN – causes drowsiness, avoid driving

Referrals

- Physical therapy

Education

- Restrict activities that aggravate symptoms and avoid heavy lifting
- Apply heat for 20 min several times a day
- Weight management through diet and exercise
- Core strengthening exercises

Follow-Up

- Severe pain → 48 hr
- Moderate pain → 1 wk
- Further imaging and referrals if not resolved/improved in 1 month

ANXIETY

Presentation

- Excessive worry \geq 6 mon
- Sleep disturbance
- Fatigue
- Restlessness, irritability, poor concentration

Focused Assessment

- Family hx of anxiety, depression, or mental health conditions?
- Hx of physical or emotional trauma?
- Previous tx for anxiety or depression?
- Substance misuse or dependence?
- Current stress levels?
- Hx of physical health problems?
- Effect of anxiety symptoms on occupational and social function?
- Thoughts of hurting self or others?
- Physical symptoms experienced?
- **Hamilton Anxiety Scale** \rightarrow positive = > 18

Differentials

- Mental \rightarrow panic disorder, OCD, PTSD, adjustment disorder, depression, substance abuse
- Medical \rightarrow hyperthyroidism, arrhythmias, asthma

Diagnostic Tests

- Fasting labs \rightarrow CBC, CMP, TSH, UA
- Urine drug screen
- EKG \rightarrow r/o cardiac issues (SSRI may prolong QT)

Confirmed Dx

- Hamilton Anxiety Scale \rightarrow positive = > 18

Medications

- **Escitalopram 10 mg daily** \rightarrow takes 2-4 wk to start working

Referrals

- Psychologist for CBT

Education

- Psychotherapy and CBT
- Avoid stressors, caffeine, and alcohol
- Regular exercise
- Meditation to reduce stress

Follow-Up

- 1 mon