

Case-Based Review of Common Cardiometabolic Practice

1st

DAILY CARDIOLOGY SYMPOSIUM

Spring 1400

Learning Objectives & Cases

HTN & DLP Panel



**DAILY
CARDIOLOGY
ACADEMY**

1st case learning objectives

- Importance of out-of-office BP measurement
- BP staging based on clinic , ABPM & HBPM
- Algorithm for initiating, titrating & adding medications
- Appropriate medications & doses
- How to follow-up
- Necessary diagnostic tests



1st case

- 65 Y/O lady
- 1st time visit in your clinic
- Asymptomatic for follow-up
- PMH: HTN & T2DM
- DH:
 - Aspirin 80 mg daily
 - Atenolol 50 mg daily
 - Hydrochlorothiazide 50 mg daily
 - Metformin 500 mg BID
- BP: 170/100 mmHg (Right hand), 165/90 mmHg (left hand)
- Physical examination is otherwise normal
- No recent lab tests

What are the next steps

in evaluating, managing & following her HTN?



2nd case learning objectives

- How to set the LDL goal?
- How to initiate statin & follow the patient?
- Role of non-statin LDL lowering medications?
- LDL number is important or statin?
- How to monitor statin side effects?
- How to approach to hypertriglyceridemia?



2nd case

- 73 Y/O gentleman
- Recent typical chest pain, CCS II
- PMH: T2DM & HTN
- S/P Anterior MI 10 years ago, SVD with PPCI on LAD
- DH:
 - ASA 80mg daily, Rosuvastatin 10 mg daily
 - Metoprolol tartrate 25 mg BID
 - Valsartan 160 mg daily, Indapamide 1.5 mg daily
 - Linagliptin/Empagliflozin 2.5/5 mg BID
 - Pantoprazole 40 mg daily
- Recent lab tests:
TC: 180 mg/dL, LDL: 68 mg/dL, HDL: 50 mg/dL, TG: 310 mg/dL
HgbA1c: 7.1%, Metabolic panel, TFT & LFT: NI
- ECG; Unremarkable, TTE: LVEF: 45%, Moderate MR
- Recent MPI: High risk ischemia
- SCA: Moderate RCA & CX lesions, Insignificant in-stent restenosis

Next approach to LDL & TG & how to follow?



