

## MANAGEMENT OF HYPERTENSION IN DIABETES - 2005

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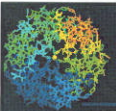
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### Mr. M.M.

- 56 yr-old white male CPA from SLC: "check-up"
- Past Hx:
  - Type 2 DM for 5 yr: "diet-controlled"
  - Hypertension for 5 yr: "diet-controlled"
  - "Mild kidney disease for?": "diet-controlled"
- ROS: pedal paresthesias for 1 yr

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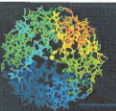
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### Mr. M.M.

- BP = 154-158/80-84 X3, both arms, sit-stand  
5'11"; 222 lbs; central obesity; HR = 88, reg  
Fundoscopy: no microaneurysms, exudates  
Cardiac: sustained PMI; S<sub>4</sub>; nl JVP and pulses  
Lungs: clear to auscultation  
Abd: no bruits; obese; otherwise OK  
Feet: pulses present; no deformity; insensate 10-g MF

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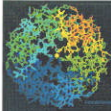
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## Mr. M.M.

### • Labs:

FBG = 190 mg%                      HbA1c = 8.6%  
 BUN = 32    Cr = 1.7    K = 4.8    eGFR = 45ml/min/1.73m<sup>2</sup>  
 UA = trace protein  
 Albumin/creatinine X2 = 74 - 92 mg/g  
 TC = 234    LDL = 140    HDL = 38    TG = 282  
 ECG = LVH by voltage, ST-TΔ's

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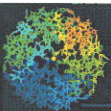
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## MULTIPLE ISSUES FOR Mr. M.M.

<u>Glycemia</u>	<u>Lipids</u>	<u>Feet</u>	<u>Eyes</u>	<u>Kidneys</u>	<u>BP↑</u>
Wt. Loss	Repeat(?)	Education	Ophthal	PVR	RX
Exercise	Statin	Podiatry		US	
SURX					

ED  
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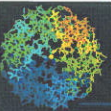
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## HYPERTENSION IN DIABETES - 2005

	<u>% with BP ≥ 140/90</u>
General population	29%
All patients with DM	65%
Type 1 DM, normal AER	≥ 30%
Type 2 DM:	
At Dx	50%
Microalbuminuria	83%
Macroalbuminuria	96%

Am J Kid Dis 2004; 43 (May Suppl): S142

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