



Optimal Care – B2B Nephrology, ENT, Ophthalmology, Gout

Hoarseness, in the absence of a neck mass, can most often be managed symptomatically for 1-2 months as follows:

- Rhinitis – Nasal steroids
- Reflux- PPI therapy
- Overuse – Voice rest

Resistant Hypertension Management

- Resistant Hypertension is usually best treated with the addition of spironolactone, eplerenone, or amiloride¹
- Pseudo resistance is most often due to noncompliance, alcohol excess, drugs (steroids, vasoconstrictors, NSAID's, SNRI's)
- No data available to support intervention for atherosclerotic renal artery stenosis to improve blood pressure or kidney function²

Management and Treatment Recommendations

Chronic Kidney Disease Ear Nose and Throat Ophthalmology



Improved outcomes for appropriate treatment of Stage 3 CKD include:

- BP control to <130/80 mm Hg
- Maximal CV risk factor reduction
- Treatment of metabolic acidosis to keep serum bicarbonate level >22

Stage 4 CKD is an indication for nephrology referral



In the elderly, acute onset of floaters or flashes is usually due to posterior vitreous detachment. If visual acuity and visual fields are normal, ophthalmology evaluation can be done in one to two weeks⁵

For age related macular degeneration:

- Use retinal specialists who prescribe Avastin (\$600/year) and not Lucentis/Eylea (\$24,000/year) for initial therapy⁶

- Red flag symptoms of tinnitus include pulsatile tinnitus, tinnitus with sudden hearing loss, and tinnitus with vertigo and balance difficulties³
- If tinnitus is associated with bilateral symmetric high frequency hearing loss, ENT evaluation is not routinely needed³
- Most common causes of vertigo are benign positional vertigo, labyrinthitis, and Meniere's Disease - Isolated vertigo is a stroke symptom in less than 1% of cases⁴
- Vertigo that does not extinguish with fixation or is associated with headache or focal sensorimotor symptoms, may be a neurological emergency



Treatment of Gout

- ✓ Optimal therapy of acute gout is **prednisone** (30 mg daily for 5 days), or **colchicine** (1.2 mg followed in one hour by 0.6 mg). The sooner therapy is started, the shorter the time to resolution.⁷
- ✓ Patients should always have therapy available to prevent unnecessary ER visits
- ✓ Only one third of patients with symptomatic gout are treated with urate lowering therapy⁸

¹Williams, B., MacDonald, T. M., Morant, S., Webb, D. J., Sever, P., McInnes, G.,... Brown, M. J. (2015). *The Lancet*, 386(10008), 2059-2068. doi:10.1016/S0140-6736(15)00257-3

²Raman, G., Adam, G. P., Halladay, C. W., Langberg, V. N., Azodo, I. A., & Balk, E. M. (2016). *Annals of Internal Medicine*, 165, 635-649. doi:10.7326/M16-1053

³Newman, C. W., Sandridge, S. A., Bea, S. M., Cherian, K., Cherian, N., & Kahn, K. M. (2011). *Cleveland Clinic Journal of Medicine*, 78(5), 312-319. doi:10.3949/ccjm.78a.10136

⁴White, J. (2004). *Cleveland Clinic Journal of Medicine*, 71(9), 722-729. Retrieved from <https://www.scribd.com/document/174361609/BPPV>

⁵Hollands, H., Johnson, D., Brox, A. C., Almeida, D., Simel, D. L., & Sharma, S. (2009). *JAMA*, 302(20), 2243-2249. doi:10.1001/jama.2009.1714

⁶GoodRx, Inc. (2018). *GoodRx*. Retrieved from GoodRx Web site: <https://www.goodrx.com>

⁷Qaseem, A., Harris, R. P., & Forciea, M. A. (2017). *Annals of Internal Medicine*, 166(1), 58-68. doi:10.7326/M16-0570

⁸Vargas-Santos, A. B., Peloquin, C. E., & Zhang, Y. (2018). *JAMA Internal Medicine*, 178(11), 1526-1533. doi:10.1001/jamainternmed.2018.4463