Optimal Care CKD, ENT, Ophthalmology, Gout

Evidence driven~Better outcomes~Lower cost

RESISTANT HYPERTENSION MANAGEMENT

- ✓ Resistant hypertension is usually best treated with the addition of spironolactone, eplerenone, or amiloride.[1]
- ✓ 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 function.[2]

MANAGEMENT AND TREATMENT RECOMMENDATIONS

Chronic Kidney Disease[3]

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 appropriate patients

Ear, Nose, and Throat

- ✓ Red flag symptoms of tinnitus include pulsatile tinnitus, tinnitus with sudden hearing loss, and tinnitus with vertigo and balance difficulties.[4]
- ✓ If tinnitus is associated with bilateral symmetric high frequency hearing loss, ENT evaluation is not routinely needed
- ✓ 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 cases.[5]
- ✓ Vertigo that does not extinguish with fixation or is associated with headache or focal sensorimotor symptoms, may be a neurological emergency.[5]
- ✓ Hoarseness, in the absence of a neck mass or a smoking history, can most often be managed symptomatically for 1-2 months with rhinitis nasal steroids, reflux PPI therapy, voice rest.

Ophthalmology

- ✓ 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 weeks.[6]
- ✓ For age related macular degeneration use retinal specialists who prescribe Avastin ($600/year) and not Lucentis/Eylea ($24,000/year) for initial therapy.[7]

TREATMENT FOR 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.[8]
- ✓ Patients should always have therapy available to prevent unnecessary ER visits.
- ✓ Only one third of patients with symptomatic gout are treated with urate lowering therapy.[9]

CPAP ALTERNATIVES IN MANAGEMENT OF OSA[10]

Mandibular advancement devices

- Used for patient with an Apnea Hypopnea Index, AHI <30
- Improves the signs and symptoms of sleep apnea
- Custom devices costly
- OTC options are inexpensive, but less well studied

Surgical approach

- Surgical treatments are associated with risks and serious adverse effects
- Current evidence evaluating surgery was limited and insufficient to show benefits

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