

July 2009 Newsletter

Vol. 14, No. 05 June 18, 2009

The June 2009 meeting was held at Meadowview Conference Center in Kingsport, TN. The meeting with Bristol Myers Squibb and Dr. Glen Farr, PharmD presented the topic entitled, "Overview of Hypertension: Primary Care Emphasis."

Presentation Highlights

Angiotension Receptor Blocker (ARB) with HCTZ = Avalide (Irbesartan)

1/3 of adults in US have hypertension (HTN)

78% are aware

68% are being treated

64% have controlled BP with treatment

Prevalence is highest in the Southern states and lowest in the Northeast and Midwest

In TN, 10-11% of males and 11-12% of females have uncontrolled HTN

Poor compliance is the most important cause of uncontrolled HTN and 50-70% of patients do not take their medication

JNC VII:

Normal BP: <120/60

Pre-hypertension: 120-139/80-89

Stage I HTN: 140-159/90-99

Stage II HTN: \geq 160/100

11 million people in US have Stage II HTN

Women > men

Black > White > Hispanic

Increases with age

At risk for cardiovascular events, renal failure and vision changes

Lifestyle changes to decrease BP

Diet

Exercise

Decrease/eliminate ETOH

Decrease/eliminate salt in diet

Decrease weight

With every 20/10 mmHg after a BP of 115/75, CV disease risk doubles and therefore by just decreasing risk by 50%

BP control remains low despite meds, guidelines—clinical/therapeutic inertia thought to be main reason

Barriers

- Lack of access to insurance
- Lack of routine healthcare
- Patient non-compliance
- Cost
- Medication side effects
- Provider overestimation of patient compliance
- Lack of guideline adherence by providers

Type II DM nephropathy & the hypertensive diabetic renal disease continuum

Type II DM: 20-40% will develop nephropathy & is leading cause of ESRD

ADA reports ARBs delay progression of diabetic nephropathy

NKF recommends ACE inhibitor in Type I and ARB in Type II as initial therapy

JNC VII recommends ARB as initial therapy in this population

IDNT (Irbesartan Diabetic Nephropathy Trial)

Showed a 20% relative risk reduction with irbesartan for diabetic nephropathy

Avalide

FDA approved alone or in combo for treatment of HTN; antihypertensive effects in as short a time

Contraindicated in pregnancy (especially 2nd and 3rd trimesters)

Contraindicated with sulfonamides (the HCTZ component) or in anuria

Contraindicated with Lithium

Caution with SLE, thiazides can exacerbate symptoms

Avalide was statistically better than Cozaar in clinical studies and as good as Norvasc

Meeting Minutes

Meeting called to order by Claudia Corradino in Vicki Lewis' absence

Secretary's Report: Motion made and seconded to accept minutes

Treasurer's Report: \$11,772.36

Legislative Issues

Joann Vaughn testifies to the lack of NP autonomy at the VA (government run); MDs cosign all n

for every decision she makes...hence the need to protect NP autonomy in lieu of anticipate
(Nationalized healthcare)

Vicki Lewis reports 4500 NPs at the annual AANP Conference in Nashville

Visit www.aanp.org legislative link

New Business

President and Secretary positions up for nomination. Nominations needed ASAP, as the new po

September 2009. Please email nominations to Vicki Lewis at lewisvir@gmail.com

Education

June 26th conference "Dealing with Diabetes" 7 CEUs provided

Jobs

None posted

Next NETNPA Meeting scheduled for July 16, 2009, sponsored by Gentiva Home Health. Location TBA.