

NETNPA

Northeast Tennessee Nurse Practitioners' Association

www.netnpa.com

The June 2009 meeting was held at Meadowview Conference Center in Kingsport, TN. The meeting was sponsored by Jake Slonaker with Bristol Myers Squibb and Dr. Glen Farr, PharmD presented the topic entitled, “Overview of Hypertension Management with a 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 BP meds
- JNC VII:
 - Normal BP: <120/60
 - Pre-hypertension: 120-139/80-89
 - Stage I HTN: 140-159/90-99
 - Stage II HTN: ≥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 BP by 20/10, can reduce CV disease 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 as 2 weeks
 - 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 exacerbated 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 narcotics and are ultimately responsible for every decision she makes...hence the need to protect NP autonomy in lieu of anticipated upcoming healthcare reform (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 positions will be need to be filled by 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.