**CASE- Hypertension**

John is a 57 year old white man who has just registered as a new patient with the practice. He does not feel he is suffering any health problems and takes no medication. He is booked in to see the practice nurse for an initial examination. She finds that John is a life-long non-smoker who drinks 10-15 units of alcohol per week. His BMI is 25kg/m2. He has no family history of heart disease. A random plasma glucose was 6.8mmol/L. His U & E and LFT results were all within the reference range. His lipid profile showed a TC of 6.2mmol/L and an HDL of 1.2mmol/L. His blood pressure was 144/92mmHg.

**Questions:**

1. John asks why he should bother if his BP is a little high - "what difference will it make?" How would you reply?
2. True or false: It is appropriate to diagnose John as hypertensive on the basis of today's clinic readings?
3. What is the treatment goal for this case?
4. Would you advise John to adopt any changes to his lifestyle? If so, what?
5. What is the drugs of choices for treating the hypertension as per JNC-7?
6. Would you consider drug therapy now? Why?
7. If so, what target blood pressure are you aiming for?
8. Would you consider any treatment in addition to blood-pressure lowering therapy?
9. If you are starting drug therapy, what will you prescribe? What factors influence your choice?
10. What ongoing issues do you need to consider to ensure that John gets the best out of his treatment for hypertension?
11. What are the major Alcohol –drug interactions that you remember?
12. What is DASH? Explain the major points.
13. What are the major vital signs and lab values we need to monitor and follow?
14. What is the message for caretakers? If so, what?
15. Summarize your counselling points for Mr.John.