Hypertension Guidelines Lead to Vigorous Debate

Major guidelines on hypertension released last year appear to have raised perhaps as many questions as they answered. The American Society of Hypertension and the International Society of Hypertension released joint guidelines in December, followed closely by the guidelines from a panel convened by the Joint National Committee. However, the two had some differences, most notably regarding the ideal systolic pressure to aim for with treatment. With guidance conflicting, what is considered best practice when managing hypertensive patients? In our cover story on page 1, Charlotte Huff talks to experts in the field on all sides of the issue to examine the developing controversy and put it in perspective for clinicians.

Our second cover story, also on page 1, addresses issues specific to men’s health in middle age. Low testosterone, for example, has been covered extensively in the media lately, and use of androgen replacement therapy has increased dramatically in the past several decades, but the risks and benefits of such treatment are far from clear. Read our story to learn more about this issue, as well as erectile dysfunction, benign prostatic hyperplasia, and “manopause.”

Recent research has suggested that electronic health records (EHRs) may decrease the risk for malpractice claims, which is good news for practices that have adopted them. However, experts said, physicians should be aware that some EHR features could actually increase malpractice risk if not handled correctly. For example, an EHR’s copy-and-paste function may cause incorrect or outdated data to be carried forward indefinitely, and overriding a drug alert may lead to consequences down the line if the reason for the override was not documented. There are also questions about how the inaccessibility of EHR systems to communicate with one another could affect malpractice risk. Turn to page 8 to read more about this important aspect of practice management.

Another inside feature in this issue offers internists tips on how to help patients get the most out of referrals to physical rehab. Rehab medicine specialists advise that early referral is usually better, since patients’ functional status tends to decline over time. Physical rehab can also be of great benefit for neurological conditions and back pain, in the latter case even before any imaging is done. However, for some patients, such as those with dementia or those with chronic pain, rehab may not be a good fit, the experts said. Read our story on page 10 to learn more.

Finally, ACP will hold its annual scientific meeting, Internal Medicine 2014, later this month in Orlando, Fla. Our staff will be on site as always to bring you the latest news. Check our blog at http://blogs.acponline.org/acpinternist/ and our Twitter feed at http://twitter.com/ACPInternist, as well as our daily e-mail dispatches, to stay up to date. Let us know what you think of our coverage at acpinternist@acponline.org.

Sincerely,
Jennifer Kearney-Strouse

Test Yourself

MKSAP Quiz: ED evaluation for midsternal pain

A 59-year-old woman is evaluated in the emergency department for midsternal chest pain. The pain began several hours ago as a vague ache in her left upper sternal region that progressed in intensity and severity. The pain abated spontaneously after approximately 45 minutes. She had no further chest pain until several hours later, when it recurred unprovoked by exertion. She has no shortness of breath, nausea or vomiting, syncope, previous history of chest pain, or known cardiac disease or risk factors for venous thromboembolism. Medical history is significant for hyperlipidemia and hypertension. She does not smoke cigarettes. Medications are simvastatin, aspirin, lisinopril, and hydrochlorothiazide.

On physical examination, she is afibrile, blood pressure is 110/70 mm Hg, pulse rate is 68/min, and respiration rate is 22/min. BMI is 28. Oxygen saturation on ambient air is 97%. Estimated central venous pressure is 8 cm H2O and carotid pulses are without bruits. Lungs are clear. Heart sounds are normal. There is a grade 2/6 holosystolic murmur at the left sternal border with radiation to the apex. There is no lower-extremity edema. The remainder of the examination is normal.

Electrocardiogram is shown. Chest radiograph is normal.

Which of the following is the most appropriate initial management of this patient?
A: Adenosine stress test
B: Admit to the coronary care unit
C: CT pulmonary angiography
D: Ibuprofen administration

See Test Yourself, page 16, for answer

Cartoon Caption Contest

Put words in our mouth

ACP InternistWeekly has compiled the results from its latest cartoon contest, where readers are invited to match wits against their peers to provide the most original and amusing caption.

This issue’s winning cartoon caption was submitted by David M. Kast, DO, ACP Resident/Fellow Member. Thanks to all who voted! The winning entry captured 50.5% of the votes.

Citations and voting are conducted through ACP InternistWeekly. If you’re not already receiving ACP InternistWeekly, visit www.acpinternist.org/subcribe, contact Customer Service at 800-523-1546, ext. 2600, or direct at 215-351-2600 (M–F 9 a.m. to 5 p.m. EST); or send an e-mail to custserv@acponline.org.

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Crossed Words

Spitting into the wind

By Justin Vader, MD, ACP Resident/Fellow Member

Answers to clues are placed horizontally in rows to reveal an answer written vertically. Unlike the familiar acrostic puzzle format, the final answer can be in any column.

Horizontal clues
1) Try foxglove if this ails ye
2) Missing this leafy vitamin not benign in pregnancy
3) In full bloom, e.g., sepsis
4) Syndrome of short stature and high cancer risk
5) An opening, e.g., esophageal, adductor, sacral
6) Gone after valve surgery, so B.B. King might sing
7) The way to a man’s stomach may really be this structure

Find in the vertical columns: Sicca problems with this gland? Warthin the heck are these

Find in the vertical columns: Touch, pain, smell, taste, sound—these demand a response.

See Crossed Words, page 16, for answer