

### HYPERTENSION

Symptoms	Questions
Headaches, dizziness, tinnitus, blurred vision, epistaxis, chest discomfort, palpitations, nervousness, fatigue	Does patient check blood pressure at home? What numbers are they getting? What are the highest and lowest numbers? How often are their numbers super high?
Complications	Any symptoms of HTN?
HF, CAD, MI, A Fib, aortic dissection, PAD, atherosclerosis, stroke, CKD, hypertensive nephrosclerosis, retinopathy	What medication(s) is the patient taking? Dose? How many times a day? How many days per week does the patient forget/does not have time to take their medication?
Risk Factors	
Obesity, diabetes, smoking, excessive alcohol/caffeine, high sodium diet, physical inactivity, stress	
Labs	
CBC, creatinine, eGFR, BMP	

### HYPERTENSION: MEDICATIONS

ACEIs (lisinopril, enalapril)	Thiazide diuretics (HCTZ)
First-line for patients with DM, renal disease, ischaemic heart disease, and HF	Side effects: hypokalaemia, hyponatraemia, increased glucose and cholesterol

### HYPERTENSION: MEDICATIONS (cont)

Side effects: dry cough, hyperkalaemia	—
Adverse effects: angioedema - STOP IMMEDIATELY	—
ARBs (losartan, valsartan)	Dihydropyridine CCB (amlodipine, nifedipine)
First-line for patients with DM, renal disease, ischaemic heart disease, and HF	Avoid in patients with HFrEF
Side effects: hyperkalaemia	Side effects: oedema, nausea, flushing, HA, GERD, gingival hyperplasia
Nondihydropyridine CCB (diltiazem, verapamil)	Beta blockers (propranolol, metoprolol)
Side effects: bradycardia, AV block, constipation, hyperprolactinaemia (verapamil)	Second-line therapy; used as primary drug in patients with HF, A Fib, ischaemic heart disease
	Side effects: bronchoconstriction with non-cardioselective beta blockers, increased TG
Many others, but these are the main ones that you are most likely to see in clinic.	

### DIABETES TYPE II

Symptoms	Questions
Polyuria, polydipsia, polyphagia, vision changes, poor wound healing, numbness, tingling, constipation	Does pt check their blood sugars at home? When? What are their morning numbers (before eating)? Numbers during the day?
Labs	Highest and lowest blood sugars? How often? Any symptomatic low blood sugars?
A1c (every 3-6 months), BMP (renal function and electrolytes), LFTs, lipids, urine microalb/cr	If on insulin, how many units with which type of insulin? How often do they forget/are too busy to take their insulin?
Look For	Numbness, tingling, etc? Vision changes?
Statin therapy regardless, ASCVD assessment for high-intensity statin	Have they seen an eye doctor in the past year?
Last ophthalmology exam, podiatry	
Physical Exam	
Foot exam, acanthosis nigricans	

### DIABETES TYPE II: TREATMENT

Metformin	Sulphonylureas
Enhances effect of insulin. Weight loss.	Glyburide, glimepiride, glipizide

### DIABETES TYPE II: TREATMENT (cont)

Side effects: lactic acidosis, GI complaints (only when first starting, D/C), decreased B12 absorption

Contraindication: CKD w/ GFR <30

Increase insulin secretion

Side effects: risk of hypoglycaemia, weight gain, agranulocytosis, haemolysis

Contraindications: CV comorbidity, obesity, severe renal/liver failure

#### SGLT-2 Inhibitors

Canagliflozin, dapagliflozin, empagliflozin

Increases glucose excretion with urine

Side effects: genital yeast infections and UTI, polyuria and dehydration, DKA  
Contraindication: CKD, recurrent UTIs

Contraindication: CKD, recurrent UTIs

#### DPP-4 Inhibitors

Saxagliptin, sitagliptin

Inhibits GLP-1 degradation

#### Meglitinides

Nateglinide, repaglinide

Increases insulin secretion

Side effects: risk of hypoglycaemia, weight gain

Contraindication: severe liver failure

#### GLP-1 Agonists

Exenatide, liraglutide

Stimulates GLP-1 receptors

### DIABETES TYPE II: TREATMENT (cont)

Side effects: GI sx, pancreatitis, URI, headache, dizziness, oedema

Contraindication: liver failure, moderate to severe renal failure

Side effects: pancreatitis, possible pancreatic cancer, nausea

Contraindications: pre-existing, sx GI motility disorders

#### Rapid Acting Insulin

Lispro, aspart, glulisine

Onset: 5-15 min, Peak: 1 hr, Duration: 3-4 hrs

Before meals

#### Long-Acting Insulin

Glargine, detemir, degludec

Onset: 1-4 hrs, Duration: 24 hrs

Once daily

#### Adverse Effects of Insulin

Hypoglycaemia, weight gain, lipodystrophy, hypokalaemia, oedema, pain/erythema at injection site

### CORONARY ARTERY DISEASE

#### Symptoms

#### Questions

### CORONARY ARTERY DISEASE (cont)

Angina: Retrosternal chest pain/pressure that may radiate to the L arm, neck, jaw, or back. Pain is not affected by body position or breathing. No chest wall tenderness. Dyspnea, dizziness, palpitations, diaphoresis, n/v, syncope

Stable angina: chest pain/sx reproducible/predictable, subside with rest or nitroglycerin.

#### Things to Check For

ASCVD score, new ECGs, stress tests, ECHO, CT angio, coronary artery calcium (CAC) scoring, cardiac catheterisations

Revascularisation - PCI or CABG

Has patient had chest pain since last visit? Is it occurring more often or stable? Does nitro help relieve pain?

Any hospitalisations since last visit?

Medication compliance?

Any of the other symptoms besides chest pain?

If they follow with cardiology, when was the last time they were seen?

#### Secondary Prevention

### CORONARY ARTERY DISEASE (cont)

Smoking cessation, increased physical activity, lifelong antiplatelet therapy with aspirin or clopidogrel, treat comorbidities, lipid-lowering therapy

### CORONARY ARTERY DISEASE: TREATMENT

Anti-anginal Drugs	Antiplatelet Agents
First-line: beta-blockers	<i>Recommended for all patients</i>
Second-line: CCBs, nitrates, ranolazine	Aspirin, clopidogrel
ACEIs or ARBs	Revascularisation
<i>In patients who also have HTN, DM, LVEF 40% or &lt;, CKD</i>	CABG
Lisinopril, ramipril. Losartan, valsartan.	PCI

### COPD & TREATMENT

Symptoms	Complications
Cough, dyspnea, fatigue, hyperventilation	Chronic respiratory failure, RHF (cor pulmonale), secondary spontaneous pneumothorax
Physical Exam	Treatment

### COPD & TREATMENT (cont)

Accessory muscle use, barrel chest, decreased breath sounds, end-expiratory wheezing and/or prolonged expiration, rhonchi/crackles, cyanosis, tachycardia, JVD, oedema, nail clubbing

Labs	Long-acting beta agonists: salmeterol
CBC	Short-acting muscarinic antagonists: ipratropium bromide

Things To Look For	Long-acting muscarinic antagonists: tiotropium bromide
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PFT: FEV1 and FEV1/FVC	Inhaled corticosteroids: budesonide, fluticasone
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CXR, chest CT  
Pulmonology clinic notes

Questions: How often they use albuterol inhaler? Any hospitalisations due to COPD exacerbation since last visit? If on O2, when do they use it? How has their COPD been - stable, worse? Have they used their steroids (pills) since the last visit (if they have them, some have to prevent exacerbations)?

### CKD

Risk Factors	Treatment
DMII, HTN, obesity, advanced age, substance use, AKI	Diet
Aetiology	Avoidance of nephrotoxic substances: NSAIDs, antifungal, antibiotics, antivirals
Diabetic nephropathy, hypertensive nephropathy, glomerulonephritis, PKD, analgesic misuse, amyloidosis	Control underlying condition and comorbidities
Labs	Haemodialysis
CBC, BMP (Cr, BUN), PT, PTT, bleeding time, lipid panel, blood pH, eGFR, urinalysis, urine microalb/cr	<b>Complications</b>
	CKD-mineral and bone disorder, secondary hyperparathyroidism, anaemia, ESRD

### CONGESTIVE HEART FAILURE

Symptoms	Lifestyle Modifications
Nocturia, fatigue, tachycardia, dyspnea, orthopnea, PND, peripheral oedema	Exercise, cessation of smoking/EtOH/recreational drugs, weight loss, immunisations



### CONGESTIVE HEART FAILURE (cont)

<b>Physical Exam</b>	Diet and fluid restriction
S3/S4 gallop, pulsus alternans, bilateral basilar crackles, displaced apical heart beat, peripheral pitting oedema, JVD, hepato-jugular reflux	Self-monitoring and symptom recognition (if pt gains > 4-5 lbs within 3 days -> fluid overloaded)

<b>Labs</b>	<b>Drugs to Avoid</b>
CBC, BMP, LFTs, lipid panel	Most antiarrhythmic drugs, CCB (except amlodipine), NSAIDs, thiazolidinediones

Know baseline BNP

#### Look For

Echo - ejection fraction, valvular dysfunction

CXR - cardiac silhouette, pulmonary congestion

ECG - LVH

Cardiac MRI, L heart cath/angio, R heart cath

### CONGESTIVE HEART FAILURE: TREATMENT

<b>ACEIs</b>	<b>Aldosterone Antagonists</b>
Enalapril, lisinopril	Spironolactone, eplerenone
Every patient with HFrEF	Class II-IV and LVEF <35%
<b>ARBs</b>	Monitor for hyperkalaemia
Losartan, valsartan	<b>Loop Diuretics and Thiazide Diuretics</b>

### CONGESTIVE HEART FAILURE: TREATMENT (cont)

<b>Beta Blockers</b>	Loop: furosemide, torsemide
Carvedilol, metoprolol	Thiazide: HCTZ, metolazone, chlorthalidone
Add once patient is stable on ACEI/ARB and no decompensated	To treat volume overload

### CIRRHOSIS

<b>Symptoms</b>	<b>Things to Look Out For</b>
Often asymptomatic	Child-Pugh score and MELD score every 6 months along with labs
Fatigue, pruritus, yellowing of skin or eyes, n/v, increased abdomen size, gynaecomastia, hypogonadism	HCC screening (q6 months)

### Physical Exam

Jaundice, telangiectasia, caput medusae, palmar erythema, hepatomegaly, splenomegaly, ascites, asterix	<b>Complications</b>
	Portal HTN, ascites, spontaneous bacterial peritonitis, oesophageal variceal haemorrhage, coagulopathy, hepatic encephalopathy, hepatorenal syndrome, hepatopulmonary syndrome, HCC, portal vein thrombosis

### CIRRHOSIS (cont)

<b>Labs</b>	<b>Treatment</b>
CBC, LFTs, alk phos, ammonia, PT/INR, albumin	Treat underlying condition, avoid hepatotoxic substances (EtOH, NSAIDs), routine vaccines
<b>Imaging</b>	Non-selective beta blockers (propranolol) to lower portal HTN and prevent variceal bleeding
US, CT scan	Spironolactone and furosemide for ascites and oedema

Aetiology is extensive: alcohol use, medications, aflatoxin, hepatitis, primary biliary cirrhosis, primary sclerosing cholangitis, parasitic infections, non-alcoholic steatohepatitis, haemochromatosis, Wilson disease, alpha-1 antitrypsin deficiency, glycogen storage disease, CF, Budd-Chiari syndrome

