

HYPERTENSION CORNER



DAY 3



Tazloc-Beta
Telmisartan 40mg + Metoprolol Succinate 25mg/50mg



Tazloc
Telmisartan 20/40/80 mg



Tazloc-CT
Telmisartan 40/80 mg + Chlorthalidone 12.5 mg



1
Karpenos J
Pulmonary hypertension and right ventricular failure in the setting of unilateral absence of the right pulmonary artery, chronic thromboembolic pulmonary hypertension and right lung perfusion via the left coronary artery

Karpenos J, presented a study in a session at American College of Cardiology on 4th April, 2022. The first case of a patient with chronic thromboembolic pulmonary hypertension (CTEPH) and Unilateral absence of pulmonary artery (UAPA) with the ipsilateral lung perfused by collaterals from coronary arteries is being described. In a 58-year-old woman, echocardiogram showed severe PH, severe right ventricular (RV) dilatation and hypokinesis and normal left ventricular function. Pulmonary artery (PA) pressure 92/27 and mean 49 mmHg without vasoreactivity was observed on right heart catheterization. Left heart catheterization showed right lung perfusion via collaterals from the left coronary artery. Once hemoptysis resolved, rivaroxaban was restarted and spironolactone and digoxin were started for RV dysfunction. The patient was deemed high risk for pulmonary endarterectomy. At last, medical therapy with pulmonary vasodilators was considered as an initial, safer course of treatment.

2
Singhal P
Improving utilization of sglt2 inhibitors via education at a single-center academic safety-net hospital

Singhal P, presented a study in a session at American College of Cardiology on 4th April, 2022. At a cardiology faculty meeting, a series of brief lectures reviewing data from recent SGLT2i cardiovascular outcomes trials. A survey addressing the familiarity and barriers to prescribing SGLT2i was distributed to cardiology providers pre- (N=61) and post-education (N=61). SGLT2i eligibility and utilization was also determined via chart review of cardiology clinic patients pre- (N=490) and post-education (N=527). The prescriptions of SGLT2i increased by 162% (p=0.015) after educational intervention and prescriptions predominantly came from cardiology (61.5%). The providers felt responsible for prescribing SGLT2i in cardiology clinic (p=0.008) and a decrease in providers' lack of comfort with or knowledge about SGLT2i (p=0.001) was observed. The common barriers found were concerns regarding adverse effects of SGLT2i, patient affordability/insurance coverage of SGLT2i, and focus on up-titrating other GDMT.

3
Diao J
Osteoprotegerin is an independent factor for coronary artery calcification in hypertension patients and correlated with angiotensin ii level

Diao J, presented a study in a session at American College of Cardiology on 4th April, 2022. Osteoprotegerin (OPG), a bone remodeling biomarker gets increased in HTN patients and emerging evidences indicate that OPG is related with vascular calcification but there are contradictions. The following study aimed to determine the value of OPG in assessment of coronary artery calcification (CAC) in HTN patients. A total of 348 patients with HTN were enrolled. As compared to patients without CAC, OPG and Ang II levels were both higher in patients with CAC. As per multivariate logistic regression analysis, OPG level (OR 3.728; 95% CI 1.314-7.714), and Ang II level (OR 2.385; 95% CI 1.281-4.836) were both significantly associated with CAC (all P< 0.05). The study concludes that OPG is an independent factor for CAC in HTN patients and correlated with the severity of CAC.

From the makers of:

Tazloc-AM
 Telmisartan 40/80 mg + Amlodipine 5 mg

Tazloc-H
 Telmisartan 40/80 mg + Hydrochlorothiazide 12.5 mg



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