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A Complimentary Publication

Pre-hypertension: Blood Pressures that Used to be Normal

Hypertension or high blood pressure, is often called the *Silent Killer*, because symptoms may not be experienced until it has caused damage. Hypertension (defined as having a blood pressure of 140/90 or greater) puts the heart and arteries under greater strain than normal. Untreated hypertension can cause the heart to become enlarged and the arteries scarred and less elastic, increasing the risk of heart disease, stroke and kidney disease.

In May 2003, the National Heart, Lung and Blood Institute released new hypertension guidelines. The new cut off for a normal blood pressure is 120/80. Once considered a good level, it is now considered not good enough. Damage to arteries from blood pounding through them begins to increase at levels as low as 115/75. Even a small jump from that level- to 130/85, a level previously considered in the normal range - means a doubling of the risk of death from heart disease according to these new guidelines.

A systolic blood pressure (top number that measures the pressure in the vessels while the heart is pumping) between 120-139 mm Hg and diastolic pressure (bottom number that measures the pressure when the heart is at rest) between 80-89 mm Hg used to be considered normal or high normal, is now considered "prehypertension", a precursor to hypertension. Patients with prehypertension can greatly reduce their risk of developing heart disease, stroke and kidney disease by eating healthier, avoiding salt, quitting smoking and exercising to lose weight. It is estimated that one fourth of the U.S. adult population is essentially inactive and losing even 10 pounds can make a difference.

The goal of the new pre-hypertension category is to spur more doctors and patients to monitor and aggressively treat high blood pressure before it increases the risk of having a heart attack and other health problems.

In people over 50, the top number or systolic blood pressure is more important. This number should be below 140. This concept is something that few doctors, nurses and patients understand.

Doctors should also be more aggressive in treating hypertension. Almost one-third of patients with hypertension do not know it, approximately two-thirds of those with hypertension are treated and only one-third have it under control. There are several reasons for this lack of blood pressure control. Often patients stop taking their medication after 6 months when they are feeling better or stop because of side effects. Another reason that a patient's blood pressure may not be under control is because their doctor hesitates to prescribe more than one medication.

Source: JAMA 2003; 289: 2560-2577 and Albuquerque Journal, May 15, 2003. ☆

YOUR LNC AND DEPOSITIONS

A powerful ally in deposing witnesses is your legal nurse consultant (LNC). Having this medical professional assist in preparation for the proceeding and even being right at your side during the deposition could mean the difference in the outcome of your case.

Let's start with a thorough examination of the medical records- all the records which might have a bearing on the case. From there your LNC can explore the background of the witnesses(s). They will have an understanding of the deponent's role in the case, what his or her credentials are and what the lawyer wants or needs to accomplish with the deposition.

Having a LNC at your side during the deposition can be a "comfortable feeling" for those attorneys who do not specialize in a particular area or are totally unfamiliar with a medical specialty. Meeting beforehand, you can develop a line of questioning together. Establish whether you want your LNC to pass along questions during the deposition or confer only when there is a break.

Observing the line of questions and answers may allow your LNC to provide some "damage control" if necessary or result in suggestions for following another tangent altogether. As always, our job is to assist you in achieving a positive outcome for you and your clients.

P.S. Don't forget you may need pertinent exhibits and who better to assist you than the involved LNC. Your LNC can also assist in preparing your experts for their depositions. ☆

Causes of Medication Errors

Look alike/sound alike medications can result in medication errors.



Below is a short list of medications that are frequently confused or may be misinterpreted when patients tell their health care providers what medications they are on. Most of these medications have different indications, side effects and dosages. After each combination is **one** indication for its use.

- ✓ Ativan/Atarax [both are for anxiety; Atarax is also used for itching]
- ✓ Nifedipine/Nimodipine [both are heart medications]
- ✓ Paxil/Taxol [depression/chemotherapy agent]
- ✓ Zestril/Vistaril [heart medication/anxiety or itching]
- ✓ Cardene SR/Cardizem SR [both are heart medications]
- ✓ Benylin/Ventolin [cough syrup/asthma]
- ✓ Celexa/Celebrex [depression/arthritis]
- ✓ Toradol/Tegretol [nonsteroidal pain medication/seizures]
- ✓ IMDUR/K-Dur [heart medication/potassium]
- ✓ Alprazolam/Lorazepam [both are for anxiety]
- ✓ Plendil/Isordil [hypertension/angina (heart pains)]
- ✓ Zantac/Xanax [ulcers/anxiety]
- ✓ Cardene/Codeine [heart medication/narcotic]
- ✓ Lodine/Codeine [arthritis or pain/narcotic] ☆

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