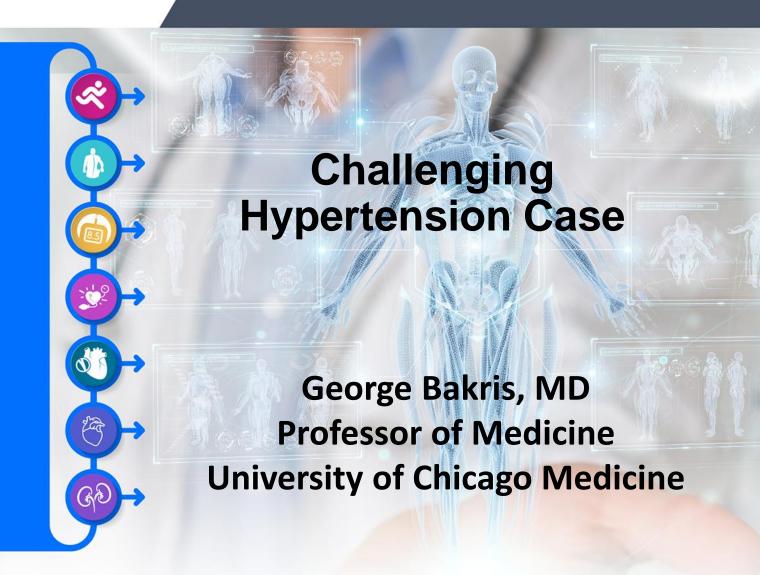


Foundations of Cardiometabolic Health Certification Course

Certified
Cardiometabolic
Health Professional
(CCHP)



- 63 y/o Black man presents with BP 168/88 mmHg, heart rate-84 bpm and new onset dyspnea on excretion. Also says he has gained 15lbs in last month.
- PMH-Hypertension-x 15 years, Type 2 diabetes x 10 years, hyperlipidemia x 10 yrs.
- FH-+ MI, CAD, HTN and DM, father was on dialysis
- SH-denies smoking has occas. alcohol, manager in a local store.
- PE- pertinent positives-S4+, obese, 1+ pedal edema
- Labs-all normal except K 4.9 mEq/L, eGFR-48 ml/min HbA1c-7.2%, FBS-155mg/dl and LDL-109, UACR 624 mg/g, ECHO-2yrs. earlier showed EF of 50% and had neg. stress test 3 yrs. earlier

Medication	Dose
Losartan	100 mg/d
HCTZ	25 mg/d
Amlodipine	10 mg/d
Atorvastatin	80 mg QD
Metformin	1 g BID
Sitagliptin	100 mg QD
Empagliflozin	10 mg QD

- Repeat ECHO showed EF of 40% and evidence of HFrEF.
- education on <1500 mg/d sodium diet.

Medication	Dose	
Losartan	100 mg/d	Candesartan 32 mg QD
HCTZ	25 mg/d	Chlorthalidone 12.5 mg QD
Amlodipine	10 mg/d	continue
		Spironolactone 25 mg QD
Atorvastatin	80 mg QD	
Metformin	1 g BID	
Sitagliptin	100 mg QD	
Empagliflozin	10 mg QD	

 Patient returned in one month later and stated his DOE was gone and that he felt better.

Medication	Before	After 1 month
BP (mmHg)	168/88	132/78
K (mEq/L)	4.9	4.8
eGFR (mL/min/1.73m2)	48	40
UACR (mg/g)	629	125
HgbA1C (%)	7.2	7.4

ARS Question

 Given these findings what would be the next steps in managing this patient's risk factors?

- A. Stop the ARB and spiro and start hydralazine and nitrates
- B. Stop the spiro, give a loop diuretic and educate about low K diet
- C. Continue treatment but change chlorthalidone to torsemide and educate about low K diet
- D. Continue treatment and add a potassium binding agent and educate about low K diet
- E. Add finerenone to reduce cardiorenal risk further.

Added finerenone 10 mg QD

Repeat labs in one month K-4.9mEq/L and BP was 130/76 mmHg.

Finerenone dose was increased to 20 mg QD

Patient followed up in 1 month

• Same patient returned in one month later and his DOE was better but not gone. His labs now show:

Medication	Before	After 1 month
BP (mmHg)	168/88	142/82
K (mEq/L)	4.9	5.2
eGFR (mL/min/1.73m2)	48	40
UACR (mg/g)	629	125
HgbA1C (%)	7.2	8.2

ARS Question

 Given these findings what would be the next steps in managing this patient's risk factors?

- A. Stop the ARB and spiro and start hydralazine and nitrates
- B. Stop the spiro, give a loop diuretic and educate about low K diet
- C. Continue treatment but change chlorthalidone to torsemide and educate about low K diet and add a potassium binding agent
- D. Add semaglutide, reduce dose of spironolactone to 12.5 mg QD, add carvedilol 12.5 mg BID
- E. Add finerenone to reduce cardiorenal risk further.

Added semaglutide, reduce dose of spironolactone to 12.5 mg QD, add carvedilol 12.5 mg BID

- Semaglutide to induce weight loss and improved diabetes control and improve CV risk.
- Carvedilol because patient has HFrEF and high BP
- Reduce spironolactone because K increasing.