

High blood pressure treatment guide co-written by U-M doctor

Last week in Washington, D.C., national health officials unveiled a new "road map" for finding and treating high blood pressure, and cutting the massive, deadly toll it takes each year on America's health.

Stack in Ann Arbor, Michigan, a family doctor smiled.

Dr. Lee Green, a family physician at the University of Michigan Health System, sees patients at the Barrowood Family Practice Center. He's also a member of the elite committee that compiled and wrote the new national guidelines for elevated blood pressure and its more serious form, hypertension.

Green was the only family physician and the only Michigan doctor to serve on both the 10-member executive committee and the entire national committee. He lent his expertise as a primary care physician, as well as a clinical epidemiologist and specialist in evidence-based medicine.

"It was good to bring the family doctor's perspective to this effort, because family practitioners take care of most of the high blood pressure patients in the U.S.," Green says. "These guidelines give family doctors and general internists a cutting-edge tool for managing patients with elevated blood pressure and full-blown hypertension."

A TOOL

The guidelines, which have been published in the *Journal of the American Medical Association*, are designed to help doctors across America give the best-possible care to people with high blood pressure, including those who still

have a chance to stave off the condition through diet and exercise.

According to federal government health data, about 70 percent of middle-aged Americans will develop high blood pressure in their lifetime, and nearly 70 percent of people with high blood pressure do not have it under control. Many people with high blood pressure have no idea they have the condition. High blood pressure and hypertension are closely linked to heart disease and stroke, the nation's number one and number three most deadly diseases.

The new report puts strong emphasis on optimal treatment of high blood pressure with effective lifestyle changes and medications, and prevention of full-blown hypertension in people who have elevated blood pressure or "pre-hypertension."

Blood pressure is expressed in two numbers, one on top of the other, that measure the pressure of blood traveling in blood vessels, both during and between heartbeats. The top number is the "systolic" blood pressure, and the bottom number is the "diastolic" blood pressure. Pressures are measured in millimeters of mercury, or mm Hg.

Pre-hypertensive people are identified as those whose systolic blood pressure is between 120 and 139 mm Hg, or whose diastolic blood pressure is between 80 and 89 mm Hg. Hypertension is defined as greater than 140 mm Hg systolic, or 90 mm Hg diastolic.

MORE DANGEROUS

The new guidelines point out that in people older than 50

INFORMATION SOURCES

■ The NHLBI Web site, http://nhi.nih.gov/nhhbp_kit/in dex.htm, has information on blood pressure and ways to lower it.

■ UMHS has fact sheets on high blood pressure at www.med.umich.edu/nlbr/guid es/hyper.htm and www.med.umich.edu/nlbr/heart/heart100.htm#highbp00.

■ The Centers for Disease Control and Prevention's cardiovascular site is www.cdc.gov/cvh.

years, systolic blood pressure of more than 140 mm Hg is a much more important risk factor for cardiovascular disease than elevated diastolic blood pressure.

The authors also stress that a person's risk of developing cardiovascular disease of any kind doubles each time their systolic blood pressure goes up 20 units or their diastolic pressure goes up 10 units.

The new guidelines are officially called the JNC-7 report, short for the *Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure*. The effort to compile and prepare the guidelines was funded by the National Heart, Lung and Blood Institute, part of the National Institutes of Health.

Green, an associate professor in the Department of Family

Medicine at the U-M Medical School, also served on the last joint national committee on this subject, which published its recommendations in 1997. But he notes that a lot has been learned since then about the best way to prevent and treat hypertension.

For example, he cites newly published findings on a class of medicines called thiazide-type diuretics, which have been around for years and are inexpensive. A recently published study showed that these drugs are just as effective in lowering blood pressure and preventing heart attacks as more costly and newer drugs, and better than other drugs in preventing stroke and heart failure.

"We now have good data comparing one treatment to another, and for almost all patients the thiazide diuretics turn out to be the best choice," Green says. Other types of drugs, such as calcium channel blockers (CCBs) and angiotensin-converting enzyme (ACE) inhibitors, may be appropriate for other patients. And evidence shows that many patients who take medication to control their blood pressure should take more than one medicine.

Other recent findings show that the DASH diet, a sensible and easy-to-follow nutrition plan, can lower blood pressure. For information, visit www.nhlbi.nih.gov/health/ public/heart/hbp/dash.

Perhaps most importantly, the guidelines note, doctors can't prescribe all the effective treatments and lifestyle changes they can, but if patients aren't motivated to follow those prescriptions, they won't succeed in getting their blood pressure under control.

Beaumont studies bronchitis medication

Researchers at Beaumont Hospital are studying the effectiveness and safety of treating chronic bronchitis with a higher dose of therapy for a shorter period of time.

The study involves randomly treating chronic bronchitis patients with either high-dose (750 mg) levofloxacin therapy or standard of care (either azithromycin or augmentin) over a period of three to five days. Levofloxacin is an antibiotic used to treat bacterial infections such as bronchitis.

"Levofloxacin given once daily in doses of 500 mg for seven days has proven to be a successful treatment of this condition," says Dr. Marcus Zervos, Beaumont infectious disease specialist. "This study could help determine if treating patients with a higher dose of the medication over a shorter period of time is just as safe and effective."

Dr. Zervos says if the high-dose, short-course treatment is successful, it could mean reduced therapy time, and may help prevent the emergence of antibiotic resistance in some patients. After years of antibiotic use, many chronic bronchitis patients may develop resistance to antibiotics used to treat this condition.

Beaumont is seeking volunteers 18 years of age or older who have a history of chronic bronchitis. The study requires five to six clinic visits during a period of nine months. Participants will receive study medications, physical examinations and laboratory tests at no charge. They also will be compensated for their time and travel.

For more information regarding this study, contact Beaumont's Outpatient Clinical Research Center toll-free at 1-888-80-STUDY.

Hearing aid business opens in Farmington Hills

BY PAUL R. PACE
STAFF WRITER

The Hughes Hearing Aid Center recently opened for business in Farmington Hills at 30701 W. 10 Mile Road, suite 300.

Maurice Hughes and his nephew Alex Hughes are partners in the business that is based on family tradition.

Maurice Hughes said his father Bob owned hearing aid businesses in the Lansing area and other parts of Michigan before he branched out to southern California.

Bob Hughes was also active years ago in supporting legislation in Michigan that helped regulate the industry, said Maurice, who added his other siblings are in the business.

"We have pretty good referral business," Maurice said of doctors who have patients requiring hearing aids.

Technology has improved greatly over the years to where in-canal hearing devices can hardly be detected by observers, said Alex.

Digital circuitry in the devices also allows the user the ability to filter out background noise and lessen harmonic distortion, he said.

"We're independent so we don't have just one brand," noted Maurice.

"We like to pride ourselves on bringing to the market the highest quality products at the most competitive prices," he said.

Alex said selecting Farmington Hills as the newest office location offers an opportunity to serve several sur-



Jeffrey Kincer examines Libby Sklar's ear. The image is projected on the video monitor in the background.

rounding communities. "I want people to feel they got the best help available," he said of taking the time to find the right device to fit the need.

Maurice said this is done by selecting the best product to suit the person and also by devoting the time to train the person on how to use the instrument properly.

Also joining the team is Jeff Kincer as the Farmington Hills office manager and hearing instrument specialist. Kincer is also a member of the National Hearing Aid Society.

Call the Hughes Hearing Aid Center at (248) 888-9988.

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