

## 1. Do recommendations for workup of secondary causes of hypertension vary with the age of the patient?

Question submitted by Dr. Bruce Eveleigh, Ottawa, Ontario

Essentially, age is only a consideration for the possible diagnosis of renovascular hypertension. Renovascular hypertension can be due to atherosclerosis (70%) or medial fibrous dysplasia (30%).

Patients with atherosclerosis are typically older (over 55) and of either gender, whereas patients with medial fibroplasias are almost exclusively women and most frequently in the younger age group (under 30).

According to the Canadian Hypertension Society's 2004 guidelines (available at [www.chs.md](http://www.chs.md)), patients should be considered for assessment of possible renovascular hypertension if two or more of the following clinical clues are found:

- sudden onset or worsening of hypertension and over 55 or under 30;
- presence of an abdominal bruit;
- hypertension resistant to three or more drugs;
- a rise in creatinine associated with use of an angiotensin-converting enzyme inhibitor or angiotensin II receptor blocker;
- other atherosclerotic vascular disease, particularly in patients who smoke or have dyslipidemia; and
- recurrent pulmonary edema associated with hypertensive surges.

The screening test of choice for renovascular hypertension is usually a captopril-enhanced radioisotope renal scan.


Answered by:

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**2. For a patient with Type 2 diabetes and a normal cholesterol profile, would optimum therapy include a statin? Would this be the new standard of care?**

Question submitted by Dr. John Kim, Ottawa, Ontario

The U.K. Heart Protection Study is providing the best evidence concerning statin therapy for patients with diabetes presenting with normal cholesterol levels. In the study, regardless of whether the patients had a history of manifest coronary disease, the allocation to 40 mg of simvastatin/day reduced the rate of first major vascular event by about 25%.

Therefore, statin therapy in diabetes patients with normal cholesterol levels is a prudent measure that I expect will soon become a standard of care. 

Answered by:

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