

Video low carb for doctors (part 10)

Dr. David Unwin: Regarding blood pressure medication and blood pressure itself... I always begin of course with a baseline measurement. And are we happy with that baseline measurement? Is any action needed right to the beginning? Is the blood pressure very high? Or sometimes it's surprisingly low.

The next thing to add in is, "What are the patient's hopes around their medication?" So often if you asked that question they'll say, "I'd quite like to get off some of my medication." And then you might say, "Is there any particular drug that you'd like to come off?"

Fairly enough have a patient addressed this very question only a few days earlier in the week and this was a patient who said, "I'm pretty certain amlodipine is giving me ankle swelling and pain." So for her one of her main motivators was to come off amlodipine and that's great because that was my motivation as well.

So that you're blending patient safety, the blood pressure as it is now, the patient's hopes and then you may have some things of your own. If the patient is on diuretics for instance you know that bendrofluazide may well be affecting the blood sugar, so that for you might be a priority to get patients off that particular drug.

And then I suppose the next thing is explaining to patients what they might expect. So if they have signed up to this seriously and they lose weight you would hope that their blood pressure is going to improve. And again you would couch this or frame it in terms of an improvement rather than a risk. I suppose there is a risk that they will stand up and feel dizzy and fall over, but actually that doesn't happen very often.

This is more of an opportunity. And so I am always pleased if the patient is interested in monitoring their own blood pressure. I'd give me a far more information as a basis for decision-making in the future. But also it gives patients feedback, so they are always coming in with lists of half blood pressure that they've taken themselves and the blood pressure is improving.

So that is great feedback for your patient when they've taken the blood pressure and they know it's improving. Plus if you've explained to them that they might feel dizzy at times if their blood pressure drops and that might be an opportunity to reduce

medication, they will then make an appointment early and sort this out with you, because their expectations are appropriately set.

As I pointed out already there is some medications that are of particular interest and I come back again to diuretics, because of the side effects of gaunt and their worsening of renal function that can be experienced and also the fact they are diabetogenic.

A particular word on amlodipine. I've come across so many times where a patient has swollen ankles as side effect to amlodipine and is a tragedy. They've been put on diuretics to treat the ankle swelling that really originated in amlodipine. So just is worth keeping an eye open for anybody with swollen ankles who is on amlodipine, because that might be the cause and you might solve it so easily with some weight loss.

So there we are, establish a baseline, are you happy with it, is the patient happy with it, what are the patient's goals as regards their own medication, have they any worries or concerns...? And then what are your goals with the medications? Have you got any worries or concerns or things you'd like to change, so that between you, you can come up with a plan encompassing your shared hopes for this?

And point out, if they lose weight it is so likely the blood pressure is going to improve. That's what you can expect. So thinking about my own clinical experience around blood pressure, I'm getting average drops in the systolic, something like 10 mmHg, is quite common. And the diastolic doesn't drop quite as much, maybe 7 or something like that. It drops I'd say fastest in some of the heavier patients who get initially very great weight losses and they worth watching particularly.

The blood pressure I find usually plateaus out in the first year, somewhere like that, and then stays pretty constant. I haven't had any surprises later on. So you'll get your greatest improvement probably in the first few months. And it's that time when it's worth doing those blood pressures a bit more often and alerting the patients to what they might expect. So this blood pressure control is a great aspect of the low-carb diet, really.