



American Heart Association.
Hypertension

Chat Discussions
Sunday, September 13, 2020

Early Career Stage Award Session

name	message
Junie Warrington	Good morning, everyone! Congrats to all the awardees!
Curt Sigmund	Good morning and welcome to the Early Career Stage Award Session
Styliani Goulopoulou	Good morning! Congratulations to all awardees, I am looking forward to these talks.
Camilla Wenceslau	Good morning from OH. :)
Justin VanBeusecum	Good morning and looking forward to this great session!
Analia Loria	Happy Sunday! Congratulations to all the awardees!
Stephanie Watts	Good morning!
Carmen DeMiguel	Good morning everyone!
Nirupama Ramkumar	Good morning from Salt Lake City ! Congrats to all awardees !
Dewan Majid	Good morning to everybody!
Eric BelinDeChantemele	good morning everyone
Sumit Monu	Good morning everyone from Henry Ford Hospital, Detroit
Maria Jelinic	Good Morning everyone (or evening here) from Melbourne, Australia! Thank you for having me in this session! :)
Pablo Nakagawa	Good morning!
Eman Gohar	Good morning everyone!
Frederique Yiannikouris	Good morning!
CiantelAdair Blyler	Good Morning All! Thanks much for allowing me to be a part of this session!
Anne Kwitek	Good morning!
Curt Sigmund	This is the High Blood Pressure Research Council of Australia Award
Ines Armando	Good morning and congratulations to the awardees
Curt Sigmund	Congratulations Dr. Jelinic
Maria Jelinic	Thank you!!
Curt Sigmund	Does para-renal brown fat have similar properties as brown fat elsewhere in the body?

Styliani Goulopoulou	@Dr. Jelinic: are there changes in the distribution of these fat depots with growth and maturation? (i.e. childhood, adolescence)?
Maria Jelinic	Hi Curt, yes, I believe the properties are indeed similar
Anastasia Mihailidou	Congratulations Maria!!
Eman Gohar	Maria, were both males and females eating the same relative to their body weight?
Eric BelinDeChantemele	What about fat% in females? did it increase?
Maria Jelinic	Stella, there are indeed changes in the amount of fat in each of these fat pads with ageing/maturation. in particular the pararenal fat pads increase in size significantly.
Camilla Wenceslau	Congratulations Dr. Jelinic!
Curt Sigmund	This is the High Blood Pressure Research Council of Australia Award
Styliani Goulopoulou	Thank you, Maria! Congratulations, I love this work.
Sumit Monu	Hi Maria, how do you relate your work with humans as fat generally goes inside the renal parenchyma but in rats and mice, it is mostly around the kidneys?
Maria Jelinic	Eman, unfortunately, the food we fed these mice was incredibly crumbly, so it was quite difficult to measure accurately.
Eman Gohar	Thanks, Maria. any sex-differences in blood pressure in your model with high fat diet?
Analia Loria	Hi Maria! congratulations!
Gregory Fink	Dr. Monu, do you have a reference for you assertion?
Carmen DeMiguel	How was the activation status of these inflammatory cells in both peri and pararenal fat?
Maria Jelinic	Sumit, that is a great question and indeed a limitation in studying these fat pads in obese mice!
Analia Loria	Is the Treg population greater in pararenal fat from females?
Maria Jelinic	Eman, blood pressure was not affected in this model in either sex - I have just started looking at a modified HFD model, where we have manage seem to be getting pre-hypertension in both males and females, but this data is VERY new, still working up the n numbers!
Sumit Monu	@Dr. Fink. i had a discussion regarding this with Dr. John Hall
Sumit Monu	https://pubmed.ncbi.nlm.nih.gov/28501343/
Maria Jelinic	Carmen, unfortunately we have not looked at this yet.
Gregory Fink	Thanks, Dr. Monu.
Carmen DeMiguel	Thanks!
Eman Gohar	Looking forward to seeing the data! Interesting!
Anne Kwitek	Dr Jelinic, have you looked at aged females?

ODeborah Osikoya	Dr. Jelinic, Did you observe whitening of the brown para-renal adipose tissue in response to HFD? If so, were there sex differences in the degree of brown AT whitening?
Eman Gohar	Do you think there could be a pressure effect related to compressing the kidneys by the surrounding fat?
Sumit Monu	is there any correlation between size of the fat around the kidney and the renal hyperfiltration?
Maria Jelinic	Analia, we were surprised to find that Tregs were not increased in females
Analia Loria	great work!
Curt Sigmund	Thank you!
Anne Kwitek	Congratulations!
Yvonne Zuchowski	Did you measure anti-inflammation such as Tregs or IL-10 cytokines
Adam Straub	Great talk!
Carmen DeMiguel	Very interesting data and great talk, Dr. Jelinic!
Sumit Monu	Great talk Maria. Thanks for sharing the information
Susan Kunish	New Investigator Awards for Japanese Fellows
Maria Jelinic	Eman, yes I do, and due to the location of the fat in humans, I think the effect is even greater in a clinical setting!
Curt Sigmund	This is the New Investigator Award for Japanese Fellows
Michelle Gumz	Beautiful talk! Congratulations Dr. Jelinic!
David Pollock	nice job, Maria! Congratulations on all this fine work.
Frederique Yiannikouris	Great and interesting talk!
Curt Sigmund	Because of the pandemic, the British/Irish Hypertension Society did not select an awardee this year. Hopefully, their awardee will return to the COH next year.
Stephanie Watts	Maria, thank you...
Curt Sigmund	This is the New Investigator Award for Japanese Fellows
Tianxin Yang	Will transplanted kidney be resistant to obesity-induced renal inflammation or injury?
Maria Jelinic	ODeborah, the pararenal fat is actually almost all white in normal diet-fed mice, but I have not noticed "whitening" of the perirenal fat which contains brown fat.
Curt Sigmund	Congratulations to Dr. Nobuyuki Tokunaga
Nobuyuki Tokunaga	Thank you.
Maria Jelinic	Sumit, I am not sure about correlation with hyper filtration, but there are certainly correlations with peri and/or perirenal fat thickness and incidence of hypertension.

Carmen DeMiguel	Dr. Jelinic, do you find differences in adipokines between para and perirenal fats and between males and females?
Maria Jelinic	Anne, I would LOVE to look at aged females (or even OVX females)... this is something we are looking into! :)
Sumit Monu	Thanks Maria. Congratulations for your great work.
ODEborah Osikoya	Thank you
Maria Jelinic	Thank you everyone for your kind words and fantastic questions! It was a pleasure to share my work with you. I hope we can meet in person next time!
Anne Kwitek	Thanks Maria. I look forward to hearing more in future meetings.
Styliani Goulopoulou	@Dr. Tokunaga: Congratulations! Did you measure activity in these mice?
Eman Gohar	Thanks for the information, Maria! Great Job! Congrats!
Nobuyuki Tokunaga	Yes, we measured locomotor activity, and PKG1 α (WT) showed higher locomotor activity predominantly during dark period.
Styliani Goulopoulou	Thank you, Dr. Tokunaga. This is what I'd expect.
Annet Kirabo	Congratulations @Dr. Tokunaga!
Nobuyuki Tokunaga	Thank you.
Camilla Wenceslau	Great Work. Congratulations Dr. Tokunaga. Did you notice any changes in heart or kidney weight in these animals?
Ana Leite	Congratulations Dr. Tokunaga!
Analia Loria	Dr. Tokunaga, 1) Did you perform an acute challenge of salt on these mice? 2) do you have any marker of renal sensory neurons in your model?
Gregory Fink	Very nice and novel work, Dr.Tokunaga.
Eman Gohar	Congrats Dr. Tokunaga!
Eric BelinDeChantemele	Congratulations Dr. Tokunaga, great work!
Sumit Monu	Congratulation Dr.Tokunaga. Great work
Curt Sigmund	This is the AFHRE Award for Patient-Oriented or Clinical Research in Hypertension
Curt Sigmund	AFHRE is the American Foundation of Hypertension Research and Education
Adam Straub	Great talk Dr. Tokunaga! Are that the adrenergic receptors impacted the PKG knockin mice?
David Harrison	Great to see you Adair. Congratulations!!
Nobuyuki Tokunaga	Yes, high salt diet increased kidney weight, but there were no differences between two genotypes. Heart weight didn't show significant change with high salt loading.

Curt Sigmund	Congratulations to Dr. Ciantel Blyler
Susan Kunish	This is the AFHRE Award for Patient-Oriented or Clinical Research in Hypertension
Eman Gohar	Ciantel! Cool.. outside the box idea!
Annet Kirabo	Congratulations Adair! And thanks for this important work!
Sumit Monu	May be it would be easier when walmart will house doctor and barber under same roof..love the idea
Styliani Gouloupoulou	Congratulations, Dr. Blyler. Community partnership is very important and has been underutilized for too long. Thank you for your work.
Eman Gohar	The pharmacist inclusion is also great!
Analia Loria	@Dr.Blyler, Do you know whether blood pressure at barber shop is lower than at the office? --given potential differences on stress levels--
Analia Loria	at baseline, I mean
Nobuyuki Tokunaga	Analia Loria: 1) PKG(WT) showed the sympathetic overactivity by high salt loading for 3 weeks. 2) PHG(WT) showed increased phosphorylation of TH at Ser40 in dorsal root ganglia.
Josephine Amadi	Fantastic outreach to save lives! I will spread news about your work. Congratulations Adair.
Camilla Wenceslau	What an important work! Congratulations Dr. Blyler!
Eman Gohar	Any potential reasons for this great effect size?
Stephanie Watts	what could be done for women in a similar way?
Anastasia Mihailidou	Congratulations Dr Blyler for this community initiative!!
Adam Straub	What a great study Dr. Blyler! Congrats!
Mary Haynes	Were life style changes addressed?
David Pollock	Dr. Blyler, any chance you have measures of sleep or sleep quality?
Jacqueline Leachman	Great Work Dr. Blyler! Do you think that life style modifications could be addressed in this same setting and have as an impressive effect on blood pressure like how you have shown with your intervention model?
Annet Kirabo	Adair, some evidence indicates that people of African ancestry may benefit from ENaC blockade. Have you considered using Amiloride?
Allen Cowley	Great work Dr. Blyler. Congratulations.
Sumit Monu	Good morning Dr.Cowley!
Junie Warrington	Congrats, @Dr. Blyler! This is a great initiative. For determination of effect, were BP ever measured in office after intervention? I am wondering whether men are more relaxed at barbershops than they would be in an office environment.
Nobuyuki Tokunaga	Adam Straub: we propose PKG1 α cysteine 42 oxidation phosphorylated TH, a rate limiting enzyme in NE biogenesis, and develops salt sensitive hypertension through sympathetic overactivity.

Cheryl Laffer	Any measure of adherence - did they fill the prescriptions?
Anastasia Mihailidou	it is a shame that similar trial hasnt been conducted for women in hairdressers.
Carmen DeMiguel	Fantastic presentation Dr Blyler! Congratulations!
Emily Waigi	Very interesting study!
Michelle Gumz	Fantastic work, congratulations!
ODeborah Osikoya	Some black men have medication-resistant hypertension, did you observe this in your studies, Dr. Blyler?
Susan Kunish	AFHRE Award for Support of Underrepresented Minorities
Analia Loria	Congratulations! This is a great approach to increase adherence to any chronic treatment!
Eric BelinDeChantemele	Impressive work. Congratulations
Frederique Yiannikouris	Great work!
Curt Sigmund	This is the AFHRE Award for Support of Underrepresented Minorities
Curt Sigmund	AFHRE is the American Foundation of Hypertension Research and Education
Curt Sigmund	Congratulations to Dr. Jonnelle Edwards
CiantelAdair Blyler	Hi @Analia, thanks for your question. Yes, it is thought that a barbers shop BP more closely correlates with out-of-office or home BP given the familiar/relaxed environment.
Stephanie Watts	happy for you, Jonelle!
Curt Sigmund	Because of the pandemic, the British/Irish Hypertension Society did not select an awardee this year. Hopefully, their awardee will return to the COH next year.
Annet Kirabo	Congratulations Jonelle!
Emily Waigi	Go Dr. Jonnelle!!
Robert Speth	Ciantel wonderful presentation. Such a great concept. I hope it can be expanded throughout the country.
CiantelAdair Blyler	Hi @Stephanie Watts, we are exploring expansion to women in beauty salons. Some of the shops in LABBPS served both men and women and there was great interest among female patrons
Stephanie Watts	@ciantel ...wonderful!
CiantelAdair Blyler	Hi @MaryHaynes, yes lifestyle modifications were addressed during pharmacist visits. Both in this pilot and during LABBPS
CiantelAdair Blyler	Hi @DavidPollock, we do not have measures of sleep quality in this study or LABBPS. Thanks for your question
Carmen DeMiguel	Hi Jonelle, were those SHR rats male or female?

CiantelAdair Blyler	Hi @JacquelineLeachman, lifestyle modifications were addressed in both this pilot and in LABBPS. Once BP was at goal lifestyle changes were the primary focus of the monthly/bi-monthly pharmacist visits. The participants in the telemedicine pilot were drawn from the control group of LABBPS where barbers reviewed AHA lifestyle lessons at each haircut, but BP was still not at goal.
Patrick Molina	Dr. Edwards — really nice talk! Did you assess mesenterio lymph node bacterial burden that may be associated with leaky gut?
Josephine Amadi	Hello @Annet Kirabo, congratulations
Jonnelle Edwards	Hi @Carmen, they were male
Patrick Molina	Mesenteric
CiantelAdair Blyler	Hi @AnnetKirabo, thanks for your question. Amiloride was not used in this pilot or in LABBPS but was allowed as part of our treatment algorithm
Carmen DeMiguel	Thanks!
Annet Kirabo	Thanks @Josephine Amadi!
CiantelAdair Blyler	Hi @JunieWarrington, thanks for your question. All BP's were measured in the barber shop. We do expect that barber shop BP would be lower (in most cases) than in-office BP and would more closely correlate with out-of-office or home BP.
Jonnelle Edwards	@Patrick, thank you. No we did not look at lymph node bacterial burden but that is a great idea! Thank you!
CiantelAdair Blyler	Hi @CherylLaffer, we did not routinely monitor fill rates, but we did check-in with community pharmacists if there was a concern about adherence.
Patrick Molina	Thanks!
CiantelAdair Blyler	Hi @AnastasiaMihailidou, we are looking to expand to beauty salons, stay tuned! :)
Maria Jelinic	Hi Jonnelle, very cool work! Do you know if levels of Annexin A1 are altered in these Dahl S rats on low salt (or high salt)?
CiantelAdair Blyler	Hi @ODEborahOsikoya, thanks for your question. Yes, we had a number of men who required 4+ drugs to control BP.
Tianxin Yang	0.3%NaCl should be NS. Is this a typo?
CiantelAdair Blyler	Thanks all for the kind words and wonderful questions. Appreciate the opportunity to present to you all! Congrats to the other awardees
Carolina Dalmasso	Hi Jonelle, were the Dahl rats also male? If so, do you think you are going to see the same in females?
Yagna Jarajapu	Jonnelle, what was the intraluminal pressure used in culture-studies, with or without flow. Please suggest
Sumit Monu	@edwards how was the kidney function or proteinuria?

Styliani Goulopoulou	Congratulations, Jonnelle!
Analia Loria	What happens with the renin and aldosterone levels in your LS model?
Analia Loria	Very nice talk!
Carmen DeMiguel	Great talk Jonelle! Congratulations!
Eman Gohar	Congrats!
Adam Straub	Jonnelle, great work!! Do know the mechanism by which FPR-1 impacts vascular tone changes? Calcium handling, NO ?
Michelle Gumz	Great work Jonnelle! Congratulations!
Frederique Yiannikouris	Great talk!
Fernanda Priviero	Great session! Congratulation to all awardees
Emily Waigi	Congratulations Jonnelle!! very Nice and elaborate talk...
Pablo Nakagawa	Congratulations!
Benard Ogola	Congratulations to all awardees!
Michelle Gumz	The Dahl S story is so fascinating. Jonnelle, are there any differences in the diet that you use at Toledo compared to the diet used for these rats at MCW, for example?
Camilla Wenceslau	Congratulations Jonnelle! proud of you.
Sumit Monu	Congratulations!!
Frederique Yiannikouris	Congratulation to all awardees!
Anne Kwitek	Excellent session. Congratulations to all the awardees
ODEborah Osikoya	Great Job, Jae. Did you examine kidney ROS in these animals and if so, how did it compare with CsH treatment?
Yagna Jarajapu	Congratulations to all Awardees!
Gregory Fink	Very interesting hypothesis and study, Dr. Edwards. Did you investigate the impact of even lower salt diets, i.e. <0.1%?
Tengis Pavlov	Thank you and congratulations!
Alexander Staruschenko	Congratulations to all awardees!!!

Controversies in Secondary Hypertension: Case-Based Discussions

name	message
Chris Sampson	Welcome! As you enter the player, you should hear music playing. If you do not, please click the Request Support button. Thank you and enjoy the conference!
Dewan Majid	Good morning!
JBrian Byrd	Good morning! Freshly back from rounding, I am here to answer your questions about my talk
Daichi Shimbo	Good morning.

Matthew Alexander	Good morning! Looking forward to it.
JBrian Byrd	Delighted to be able to share information with you this morning about primary aldosteronism
Rivka Ayalon	Good morning
Steven YAROWS	hey Brian Glad you made it
JBrian Byrd	Likewise!
Swapnil Hiremath	Nice idea to get key TL;DW points up front 
Joshua Samuels	G'morning
Marcel Ruzicka	Good morning. I look forward to listen to your talk. Later on, I will any questions related to my talk.
Steven YAROWS	I like that you said primary htn I'm trying to get AHA to delete for coding 'benign' and 'essential' for htn terms
JBrian Byrd	Yes, I strongly prefer the term primary hypertension. After all, the contrast is with... secondary hypertension
Karen Griffin	Good Morning Everyone!! Great Topic!
Stephen Juraschek	Good morning
Sarah Melville	Good morning, missed a bit... got the time difference mixed up
Sarah Melville	Thank you for the presentation slides, ;)
Joseph Flynn	@steven - agree with you there! We use 'primary HTN' in children
Sarah Melville	there is my favourite case-based review paper by Dr. Byrd et al
JBrian Byrd	Thank you, Sarah! Very kind
Sarah Melville	;)
Sarah Melville	it is a key landmark PA paper for sure!
Sarah Melville	the link to the ref. is: https://pubmed.ncbi.nlm.nih.gov/30359120/ by Dr. Byrd et al
Ajay Rao	I feel we all need to do a better job of documenting the diagnosis of
Ajay Rao	"resistant hypertension"
JBrian Byrd	Too true, Ajay.
Ajay Rao	This will allow us to screen more!
Sarah Melville	although I read that true resistant hypertension is "very, very rare" yes?
JBrian Byrd	Do you screen patients with sleep apnea for primary aldosteronism? What do you think of that recommendation from the Endocrine Society?
Steven YAROWS	it can be due to noncompliance, inappropriate measurement, etc
Ajay Rao	@Sarah, here is a nice paper from Calhoun https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3350774/
Steven YAROWS	I am concerned that the sleep apnea literature really has poor outcomes research, and has a high positive rae
JBrian Byrd	I also am unsure that that recommendation is fully justified.

Priyanka Solanki	The current prevalence of true rHTN in adult hypertensive adults is ~10-20% but it's hard to get an exact prevalence based off of Dr Yarows comments!
Steven YAROWS	thanks
JBrian Byrd	Yes, too true @SY and @PS. Thus the term "apparent treatment-resistant hypertension."
Anand Vaidya	sleep apnea recommendations have been challenged: https://pubmed.ncbi.nlm.nih.gov/31679423/
Joshua Samuels	Morningg Steve. Lked your discussion of remote BP yesterday.
Anand Vaidya	good morning all
Italo Biaggioni	Good "seeing you Again Brian
Steven YAROWS	what is your ratio for renin/aldosterone
JBrian Byrd	Good morning! Hi Italo!
Sarah Melville	Thank you for the reference, Dr. Rao. I will read it, ty, ;)
Jan Basile	Thank you Brian.
Stephen Juraschek	Thank you, Brian!
JBrian Byrd	@SY: Use this approach
JBrian Byrd	https://pubmed.ncbi.nlm.nih.gov/21286821/
Karen Griffin	Thank you, Brian!
JBrian Byrd	Must look at numerator & demoninator, not merely the ratio
Steven YAROWS	thanks You are always practical and helpful
JBrian Byrd	Thank you all!
JBrian Byrd	The figure in this paper may help, as well. We put some thought into keeping our algorithm practical
JBrian Byrd	https://www.ahajournals.org/doi/10.1161/CIRCULATIONAHA.118.033597
Sarah Melville	Thank you for the great presentation, Dr. Byrd, & nice to e-meet you Dr. Vaidya. Nice to hear your voice after reading your papers and exchanging posts with you on twitter ;)
JBrian Byrd	It starts with a case & discussed primary aldosteronism, its diagnosis, and management
JBrian Byrd	I'm enjoying Anand's talk, as always.
JBrian Byrd	This is a great slide
Atossa Niakan	Dr Byrd-thank you for the talk and references- very helpful
JBrian Byrd	@AN: my pleasure!
JBrian Byrd	I am interested to know what is known about the 'self-accelerating' hypothesis regarding hypertension vis a vis the often long-standing nature of primary aldostersonism before it is detected. It seems this is under-explored.
JBrian Byrd	Is the phenotype 'less reversible' with treatment if very long-standing?
JBrian Byrd	I don't recall seeing data; perhaps @AV knows

Anand Vaidya	I'm not aware of any data to your question Brian
JBrian Byrd	Thank you
Sarah Melville	ooh, I like that reference by Dr Greg Hundemer- he works at Ottawa Hospital now with Dr Hiremath
Atossa Niakan	Great slides- are they available under resources?
Jan Basile	Anand, what is your email address to ask you about a case? Thank you. basilejn@musc.edu
Joseph Flynn	@Atossa - yes, slides are there
Anand Vaidya	I don't see my slides. I'll send them to the organizers and hopefully they can upload
Sarah Melville	@ Dr. Niakan I got the slides from Dr. Byrd & Dr. Flynn's presentations, but I don't see these slides from Dr. Vaidya there...?
Sarah Melville	thank you, Dr. Vaidya ;)
JBrian Byrd	Noncurative adrenalectomy is not a concept that is discussed often. I'm looking at this part of the presentation closely & thinking about the implications.
Debbie Cohen	I disagree with role of surgery in proven bilateral disease - i dont think there is enough data to support this
Atossa Niakan	Thank you all- Dr. Vaidya Do you recommend follow up on PRA on medically managed hyperaldo with controlled BP
Rivka Ayalon	Great talk. Thank you from Boston
Joseph Flynn	@ Sarah - you're ight, Dr. Vaidya's slides aren't there
JBrian Byrd	I think I'm with Dr. Cohen on this point.
Anand Vaidya	Yes. I do follow renin in medically managed patients
Charisse Camarote	Good lecture. Thank you!
Sarah Melville	@Dr Flynn & nor are the slides for Dr Ruzicka too...?
Sandra Taler	Agree, I need to look at the data on unilat adrenalectomy for bilateral disease.
JBrian Byrd	Great talk, Anand
Ajay Rao	Great talk, as usual, Anand
Debbie Cohen	great talk
Atossa Niakan	Thank you- Dr. V
Susan Kunish	Dr Vaidya if you send the slides to me I can get these uploaded to the on demand site
Anand Vaidya	The role for noncurative unilateral adrenalectomy is an option limited to instances when medical therapy cannot be optimized and patients remain at high risk for CV events. Can be very effective at improving BP and the response to MRAs. Limited data for sure.
Sarah Melville	Thank you for the great, helpful presentation, Dr. Vaidya ;)
Anand Vaidya	Thanks all

JBrian Byrd	I am waiting to see what we hear about CORAL, ASTRAL, and STAR
JBrian Byrd	There they are!
Jan Basile	Anand-nice job !
Sarah Melville	@Susan Kunish is it possible to perhaps upload the slides for this presentation by Dr. Ruzicka as well?
JBrian Byrd	The matter of perceived equipoise & willingness to enroll plagues RCTs of procedures; makes interpretation more challenging.
Susan Kunish	Hello Sarah- if Dr Ruzicka can send them to me i will see that they get uploaded. Dr Ruzicka-susan.kunish@heart.org
Marcel Ruzicka	I am happy to do that. I thought that I already did so.
Susan Kunish	thank you so much! and sorry if we missed that!
JBrian Byrd	Is the argument that these repeated episodes of heart failure are a variant of the 'Pickering Syndrome"? https://academic.oup.com/eurheartj/article/32/18/2231/496885
JBrian Byrd	Is the nifedipine exonerated in these readmissions?
Sarah Melville	ooh, hello, Dr. Ruzicka, thank you for the great presentation. It is very nice to e-meet you after reading several of your papers, ;)
Marcel Ruzicka	Thank you.
William Cushman	What did her renal parenchyma look like?
Marcel Ruzicka	Brian, I thin that her overall history would suggest that.
JBrian Byrd	The resolution of the case--I agree. Very interesting case, well presented. Thank you
Marcel Ruzicka	Small atrophic kidneys on US.
JBrian Byrd	The lesson I am drawing (as always with renal artery stenosis) is that the trials cannot fully substitute for specific context-informed judgment.
Steven YAROWS	Nice presentation I think the message is think about RAS in compliant patients that have severe resistant htn and definitely increasing creat
JBrian Byrd	@SY, I have heard this notion of rising creatinine as a predictor of benefit & I have wondered if there is literature support. I did not find it yet.
Jan Basile	Flash pulmonary edema, deteriorating renal function-REVALUATE!
Steven YAROWS	notions are what we clinically use sometimes!
Marcel Ruzicka	Most of these patient would not make it trials quoted.
JBrian Byrd	Yes! Too true, @SY. I just wondered if there is subgroup analysis or retrospective data. I suspect someone has looked at the issue of rapid rise in creatinine & outcomes of stenting?
Steven YAROWS	at least drive through renal angiograms are decreasing
Sarah Melville	Thank you for your helpful presentation, Dr. Ruzicka, ;)
JBrian Byrd	Good point, @MR. Thank you for interesting cases
Karen Griffin	Thank you for a wonderful presentation, Dr. Ruzicka.

Anastasia Mihailidou	Congratulations Prof Flynn
Joseph Flynn	@Anastasia - thanks!
Jan Basile	Staying on time is fantastic! Makes the entire meeting go more smoothly! Thank you.
Marcel Ruzicka	I would suggest: Mousa et al. J Vas Surg 2015;61:1613-1623
Sarah Melville	Nice to hear your voice, Dr. Flynn, look forward to meeting you sometime soon, ;)
Joseph Flynn	@Sarah - next year, maybe!
Sarah Melville	@Dr. Flynn- that would be great, thank you, ;)
JBrian Byrd	@JF: do you consider the OCP relevant? https://obgyn.onlinelibrary.wiley.com/doi/abs/10.1016/S0020-7292%2897%2900239-7?sid=nlm%3Apubmed
JBrian Byrd	*relevant
Joseph Flynn	@JB - can't rule out a contribution, but clearly was not the major issue here
JBrian Byrd	Indeed
Anastasia Mihailidou	Concerning that the pediatric BP can be so high & for how long before presenting to you
Joseph Flynn	@JB thanks for the reference
JBrian Byrd	Sure thing. There is a great graph of 24-hour ABPM in low-dose oral estrogen contraception vs. IUD (randomized)
JBrian Byrd	(In that paper, I mean)
JBrian Byrd	*Not randomized--pardon me
Joseph Flynn	@Anastasia - at least 2 years per family
Jan Basile	At 17 years of age, do you normally see this age or had you seen her in the past? Is 18 the cutoff for adult vs pediatric? Thanks for the great presentation, as usual.
Marcel Ruzicka	That limitation of CTA and MRA for diagnosis of RAS implies to adults too, in particular to those with FMD
Joseph Flynn	@Dr Basile - we see patients up to their 21st birthday. Max age will vary by center
Joshua Samuels	Jan, she was seen age 15 and thought obesity related
Joseph Flynn	@Dr Ruzicka - thanks for that comment
Anastasia Mihailidou	@drflynn Concerning that awareness is low & they don't present earlier, Thank you for a great presentation
Joseph Flynn	@Anastasia - thanks!
Joshua Samuels	Do y'all ever stent with angioplasty?
JBrian Byrd	Do you anticipate that her result will be durable?

Wanpen Vongpatanasin	Thanks for great talk. Meta analysis showed Doppler has limited sensitivity in adults, likely due to obesity. It is interesting that children experience is the same
Joseph Flynn	@JB - actually we're concerned that she has re-stenosed.
Matthew Sparks	nice presentation
Daichi Shimbo	What a great session.
Karen Griffin	Great teaching case and review of the topic!!
Joseph Flynn	@Josh - no we don't stent at SCH
JBrian Byrd	I see. Thank you. Very informative presentation!!
Daichi Shimbo	Thank you Dr. Flynn.
Joshua Samuels	Well done, as always
Joseph Flynn	Thanls everyone!
Matthew Alexander	Great presentations all. Thanks!
Stephen Juraschek	Thank you

Genetics & Genetic Models of Hypertension

name	message
Curt Sigmund	Good morning everyone. I will be moderating this session on Genetics & Genetic Models of Hypertension. Please ask your questions to the speakers in the chat box. Thanks for joining us on a Sunday morning.
Chris Sampson	Welcome! As you enter the player, you should hear music playing. If you do not, please click the Request Support button. Thank you and enjoy the conference!
Eric Lazartigues	Good morning
Michelle Gumz	Good morning from Gainesville, FL!
Eman Gohar	Good morning!
Dewan Majid	Good morning everybody!
Daria Golosova	Good morning everyone!
Gregory Fink	Curt, is that you playing the piano between sessions? :)
Stephanie Watts	good morning, Curt...I know I will learn this next hour!
Curt Sigmund	@Greg Of course. And in both rooms simultaneously.
Jiaxi Xu	Good morning
Carmen DeMiguel	Good morning!
Eric Lazartigues	@greg and Curt and the violin too
Francisco Rios	Good afternoon from Scotland
Ines Armando	Good morning!
Mohammed Nayeem	GOOD MORNING!

Frederique Yiannikouris	Good morning!
Curt Sigmund	The entire chamber orchestra!
Pablo Nakagawa	Good morning!
Anne Kwitek	Good morning from Milwaukee!
Curt Sigmund	Great schematic diagram
Jiaxi Xu	I should have cited Dr. Sigmund there
Curt Sigmund	(shades)
Fernanda Priviero	Now sounds good
Ting Yang	Great work!
Ting Yang	Congras Jiaxi!
Analia Loria	Great work, Any evidence that AngIII (3) has a direct effect on cognitive decline, independent of BP?
Tianxin Yang	Great talk!
Frederique Yiannikouris	Nice talk Jiaxi!
Robert Speth	Great Presentation Jiaxi
Gregory Fink	Very clear presentation, thanks!
Tao Yang	Great job! JiaXi
Eric Lazartigues	Great talk Jiaxi
Jiaxi Xu	There are studies mentioned that Ang-III also promote cognition decline
Analia Loria	Thanks! nice presentation
Ines Armando	Nice work Dr. Xu
Jiaxi Xu	The role of RAS in cognitive impairment has been shown to be high BP independent.
Jiaxi Xu	Thanks all
Jiaxi Xu	It is my honor.
Xiaohan Lu	Congratulations.
Eric BelinDeChantemele	Dr. Hill, is there a sex difference in endothelial EnNac as there is for endothelial MR?
Baojian Xue	Nice talk, Dr. Xu
Jiaxi Xu	Great talk!
Jiaxi Xu	And great question
Michael Hill	SOMething we are looking at - we are yet to break the data out into females and males but will be doing do
Eric BelinDeChantemele	Thank you Dr. Hill
Fernando Eljovich	Do you have proof for preservation of alphaENaC in the kidney?

Michael Hill	If you get a chance to look at the individual data points they are shown as male and females. Thanks Eric
Michael Hill	Fernando, thanks - yes is an EC specific KO
Allen Cowley	How much of the AZD 8055 effect do you think is via mTORC1? Have you compared to rapamycin?
Alexander Staruschenko	ENaC in the kidney also controlled by mTOR. How do you know that mTORC2 inhibition specifically affect endothelial ENaC?
Tianxin Yang	what about other subunits of ENaC in EC?
Luke Dunaway	Dr. Pollock showed yesterday that ENaC activity is regulated by NO in the collecting duct. Is it known if this is also true in the endothelium?
Michael Hill	Good point Allen, we have not yet included a rapamycin group but will. Relying on the literature that rap has a lesser effect on BP (your data I believe!)
Shi Fang	Hi Dr. Hill! Is it possible to use AFM on smooth muscle cells in fresh-isolated aorta? Thank you!
Yagna Jarajapu	Dr. Hill, any comments on the flow-mediated dilation in this model
Eric Lazartigues	Very nice presentation Mike!
Tianxin Yang	Wonderful talk Dr. Hill
Michael Hill	Alex - we can't as of yet. We are currently breeding other KOs to sort this out.
Michael Hill	Shi - yes AFM can be applied to VSMCs. Typically we isolate the cells and study them individually. You can use an explant after removing the EC layer
Shi Fang	That's good to know! Thank you Dr. Hill! Beautiful work!
Michael Hill	Luke, thanks for that question and I listened to Jennifer's talk yesterday with interest. We need to do some electrophys studies to confirm this
Luke Dunaway	Thank you
Ines Armando	Nice work Is your model also working in the adult mice???
Michael Hill	Yagna, we did not do flow dependent dilation in this work. Frederic Jaisser has a paper in PLOS one on this in the alpha ENaC KO
Yagna Jarajapu	Thank you, Mike. NICE TO SEE YOU AFTER
Hongbing Liu	The Hdac1/2 double KO mice died at birth. We are planning to the adult mice with three alleles KO of Hdac1/2.
Yagna Jarajapu	A LONG TIME
Hongbing Liu	Sorry
Ines Armando	Thank you
Stephanie Watts	i wonder how chemerin..found in liver and fat, too!..works with PRR!
Eric BelinDeChantemele	Dr Gatineau, any changes in vascular adrenergic reactivity in your mice treated with sPRR?
Eric BelinDeChantemele	Dr. Poupeau, my apologies

Audrey Poupeau	Hi Stephanie, we were actually wondering the same when we saw your talk! maybe PRR could modulate chemerin expression or activity
Stephanie Watts	Audrey..we need to figure this out!
Sumit Monu	@Dr. Stephanie. Any difference in aldosterone level in male versus female?
Eric BelinDeChantemele	Dr. Poupeau, do you have an increase in fat mass with sPRR injection which would explain the increase in leptin?
Audrey Poupeau	Hello Dr Belin de Chantemele, we are planning to actually measure the vascular reactivity in male and females
Stephanie Watts	@monument..in the chemerin KO?
Sumit Monu	I apologize, Dr.Audrey
Stephanie Watts	that's ok!
Audrey Poupeau	we have an increase of the size of adipocytes in RPF of males but not in females
Eric BelinDeChantemele	testosterone is a repressor of leptin secretion. could sPRR decrease testosterone levels in males
Eman Gohar	Have you tried lower E2 levels.. physiological levels?
Audrey Poupeau	as for the aldosterone, we did not assay in this models. however, another model we developed, with adipose tissue PRR KO, displaying increased SBP, had no difference in aldosterone levels
Eman Gohar	Have you tested which subtype of estrogen receptors is involved?
Jessica Faulkner	Very nice talk, have you done experiments with ovariectomy in your obese females?
Sumit Monu	Thank you.
Pablo Nakagawa	I wonder if the effect of estrogen on sPRR is due to changes in PRR expression or if it modulates site2 protease or furin activity. Great talk!
Bruna Visniauskas	Great talk Dr. Poupeau
Carmen DeMiguel	Great presentation Dr. Poupeau!
Eric BelinDeChantemele	Very nice work Drs. Poupeau and Yiannikouris!
Audrey Poupeau	about the testosterone, it is a very good question. We are currently investigating the interaction between sex hormones and sPRR
Analia Loria	Congratulations Audrey and Fred!
Audrey Poupeau	We haven't tried lower levels of estradiol levels, but we plan to do a dose response and inhibit the receptor to test our hypothesis
Audrey Poupeau	we are trying 2 inhibitors that are inhibiting either ER alpha or ER beta, and we could add GPER as well
Frederique Yiannikouris	Thank you, wonderful and fascinating question!
Eman Gohar	Thanks, Audrey! That will be interesting to test!

Eric BelinDeChantemele	Dr. Armando, have you done all your experiments in males? females balb/c mice are salt sensitive
Eman Gohar	Great! Looking forward for the data! Nice work!
Audrey Poupeau	We would like to try ovariectomy or the VCD model of Dr Brooks, which is a chemical induced menopause, to test the protective effect of estrogen on sPRR
Frederique Yiannikouris	(question with a s)
Audrey Poupeau	we also have controlled the level of PRR expression in qPCR, and it was unchanged. The hypothesis of cleavage protease modification is very interesting
Nirupama Ramkumar	Very nice talk and interesting data, Dr. Poupeau and Dr. Yiannikouris. Do you think X-chromosome where PRR is located might play a role in the sex differences ? I would think it should be the opposite of what you see though...
Ines Armando	Eric all experiments shown here are done in male mice. We have not seen Balb/c female mice as been salt sensitive but as you know sub strains may be different
Eric BelinDeChantemele	Dr. Armando, here is the reference https://pubmed.ncbi.nlm.nih.gov/30571230/
Ines Armando	OK thank you!
Tianxin Yang	Nice work Ines
Carmen DeMiguel	Dr. Armando, have you seen differences in kidney inflammation when modifying the GPR83 axis in your mice?
Ines Armando	Thank you Tianxin
Ines Armando	Carmen we did study extensively GPR83KO mice both males and females but have not seen major changes in renal inflammation.
Carmen DeMiguel	Thanks!
Audrey Poupeau	about the X chromosome, a good way to discriminate the X the sex hormone could be to use a four color genotype mouse model ?
Audrey Poupeau	@ Dr Ramkumar
Audrey Poupeau	Dear Dr Watts, I would love to discuss about you to the possible implication of chemerin in sPRR induced hypertension
Ines Armando	John, this assay is done in cell suspensions??
Curt Sigmund	Thanks for joining us. The next session will start right after this one ends.
Curt Sigmund	Thanks to all the speakers!
Luoqing Chen	May I ask what the names of the cell lines you used here ? Thank you !
Fernando Eliovich	less dopamine receptor and more Na absorption in response to Ang II would predict greater Na reabsorption. Hard to understand how they relate to inverse (rather than direct) salt sensitivity

Difficult Situations in Hypertension Management

name	message
Joshua Samuels	@AHA, I like the music choice...
Debbie Cohen	Hi THis Is Debbie Cohen
Debbie Cohen	I am a nephrologist at Penn
Daichi Shimbo	Welcome everyone.
Annet Kirabo	The music is lovely
Joshua Samuels	nephrologist at UTHealth (Houston)
Phillip Levy	Hi guys. Phil Levy here.
Debbie Cohen	I am moderating this session - looking forward to a great session
Phillip Levy	Same!
Michael Hall	Hi, Michael Hall here
Italo Biaggioni	Thanks Debbie. Hope we are not the only ones here on a Sunday morning :)
Dewan Majid	Good morning everybody!
Joshua Samuels	Wish there was a way to see who's in the room
Raven Voora	Hi- Raven Voora here. I am a nephrologist from the University of North Carolina, Chapel Hill
Debbie Cohen	Looks like a good turnout ! looking forward to your talk
Stephen Juraschek	Good morning
Tammy Brady	Good morning!
Jordana Cohen	Hi everyone! Enjoying the Sunday morning sessions!
Jan Basile	Plenty of folks interested in these great topics and the format they are presented!
Rhian Touyz	Great topics - all very practical
Karen Griffin	The obesity epidemic is not going away anytime soon!! Important topic!!
Jennifer Cluett	Love the chat function. It's a silver lining - miss the in person but this really adds to the content.
Jennifer Cluett	Are the chats recorded and available on the archived sessions?
Joshua Samuels	Lots of great learning here... just miss the beingnets and camaraderie
Karen Griffin	Sure does! Will need to find a way to keep the chat with in-person meetings!
Austin Hill	Hi Jennifer, the chats are posted on our PHD Hypertension meeting page under the "Programming" tab within 1 day of the content airing live.
Jennifer Cluett	@Karen, 100% agree.
Austin Hill	They are not available as part of the recorded session, but we do provide them on our PHD site for attendees to reference.

Stephen Juraschek	Blood pressure effects from diet is greater in those with less BP control
Annet Kirabo	I agree with Karen. There are certainly some benefits to this virtual experience that I hope can remain when all this is over.
Debbie Cohen	Michael should we be referring patients for bariatric surgery earlier
Michael Hall	In general, I think so. Many seem to be referred AFTER they develop target organ injury so sooner may be better. Thanks
Joshua Samuels	Yes, if my chair ever realizes how effective these virtual meetings can be I'll never get approval/funding to travel!
JBrian Byrd	@JS: too true!
Amy Arnold	Dr. Hall, there is some evidence for increased risk of alcohol use disorders following bariatric surgery. Any thoughts on this?
Annet Kirabo	Thanks very much for this wonderful talk Dr. Hall!
Daichi Shimbo	@JS, at my institution, virtual meeting attendance (local meetings) have increased 5-10 fold.
JBrian Byrd	I am interested to know how--practically speaking--the assessment of adherence is made in a case like this
Debbie Cohen	Great talk Michael thanks
Italo Biaggioni	JS: your chair gives you money? Never heard of that
Jordana Cohen	Great talk, Michael!
Michael Hall	DC, thanks
JBrian Byrd	Great talk! Thank you for this information
Michael Hall	AA, there are reports of "addiction transfer" but not sure about data there...
Karen Griffin	Great talk!! Thank you!
Phillip Levy	Awesome Michael! Learned a lot.
Joshua Samuels	touche, Italo
Sarah Melville	These definitions and distinctions between resistant and refractory htn are important, thank you
Stephen Juraschek	Great talk, Dr. Hall!
JBrian Byrd	This is such a thoughtful approach to this question of quantitative vs. qualitative difference
Debbie Cohen	Very important topic, difficult to be sure adherence is not an issue on both resistant and refractory HTN
Jennifer Cluett	@DebbieCohen, 100% agree.
Raven Voora	Agree completely. adherence needs to be assessed before diagnosing someone with resistant or refractory hypertension
Karen Griffin	That is always a challenge!!

JBrian Byrd	Yes! What is a pragmatic approach to addressing adherence? It seems patients by and large report approximately 100% adherence (or report that they stopped taking a drug due to adverse effects)
JBrian Byrd	In my experience, anyway
Daichi Shimbo	An AHA scientific statement on adherence is pending. Looking forward to see what they recommend for assessment.
Daichi Shimbo	I am hoping it is more than "just asking the patient"
JBrian Byrd	Thank you, Daichi. That's good to know
Phillip Levy	I think pharmacy fill rates are an important indicator.
Debbie Cohen	i think the only way to know is drug testing like they do in the UK
Phillip Levy	True
JBrian Byrd	Agreed. That approach seems to not work particularly well, although I nonetheless feel obligated to ask. I now acknowledge the literature on how difficult adherence is to try to "create room" to discuss openly.
William Cushman	Can anyone in US get reserpine now?
Joshua Samuels	Given research data, I only believe answers when patients admit to sub-perfect adherence
Joseph Flynn	Reserpine! That's an old one for sure
Raven Voora	@ William Cushman- the answer is no. Reserpine is not available.
Jennifer Cluett	We use pharmacy refill dates which can be helpful - but it obviously doesn't guarantee that the patients not only pick them up from the pharmacy but actually TAKE them as directed.
JBrian Byrd	My thoughts exactly, @JC
Daichi Shimbo	Another issue is the "why" for non-adherence. I think non-adherence is a complex phenotype (which can be explained by health beliefs, price, side effects, cognition, etc).
JBrian Byrd	Perhaps they didn't even pick them up, but a spouse
Daichi Shimbo	So one-size-treatment doesn't fit all.
Daichi Shimbo	Questionnaires don't get at that.
Mohammed Siddiqui	@Dr Cushman, Reserpine is available at specialty pharmacies
JBrian Byrd	Yes, @DC. I try to create some space for honest discussion of challenges, and yet I still wonder what the gold standard should be
Joshua Samuels	We all have patients who report perfect adherence who only fill 10 monthly prescriptions a year
William Cushman	Reserpine is a great drug - very long-acting, used in many outcome trials (ass add-on), less side effects than clonidine.
Nora Franceschini	reserpine has a lot of side-effects, old drug

James Luther	Whenever I would get to the end of my list in difficult patients, Dr. Oates would suggest trying Reserpine...I have not actually used though.
Debbie Cohen	adherence studies from europe certainly show at least 50% of patients are partially non adherent
James Luther	I have searched for Reserpine recently and I'm not sure it is available in the US now.
Sarah Melville	social determinants of health are important regarding medication adherence
Raven Voora	@Dr Siddiqui- thank you for clarifying. I thought it was not available. It was your study- great work! You and your group have contributed so much to this area
JBrian Byrd	Right, @DC: even in a trial of renal denervation in which one might expect motivated patients & in which I believe it was known to participants that testing would be done, adherence by mass spec looked suboptimal
Debbie Cohen	Great talk Raven, if we truly believe sympathetic overactivation in refractory htn - these patients should be ideal for renal denervation
Jan Basile	Too bad. We wrote a paper years ago with Richard Grimm on the use of reserpine. An oldy but goodie when used appropriately.
Stephen Juraschek	@Sarah - great point
William Cushman	See VA Cooperative Studies (and others) for how effective and well-tolerated reserpine is. Company apparently dropped it because it wasn't being prescribed much and "they had difficulty in getting supply".
JBrian Byrd	This is very interesting, but I also think back to HIPARCO. https://pubmed.ncbi.nlm.nih.gov/24327037/
Raven Voora	@Debbie Cohen- Thank you. Agree, although there's no data in refractory hypertension, there may be a role for renal denervation. Practically, adherence only gets worse as we add medications and side effects go up.
Joshua Samuels	I have a young (40 year) woman with terrible Crohn's and refractory HTN. Not controlled despite every medicine I can think of. Will attempt reserpine. Just don't know if she's absorbing meds...
Debbie Cohen	what about transdermal meds - catapres patch
Italo Biaggioni	I agree to avoid clonidine. Would guanethidine be an option?
Daichi Shimbo	Another great informative talk
JBrian Byrd	I find guanfacine is usually a superior alternative practically speaking when clonidine is under consideration.
William Cushman	or guanfacine
Jennifer Cluett	@joshuasamuels - do you have access to a clinical pharmacist?
Sandra Taler	The argument that refractory patients are different, yet have OSA which is a secondary cause kind of falls apart here then doesn't it?

JBrian Byrd	Great talk!!
Jennifer Cluett	Ours is hugely helpful in these settings.
Annet Kirabo	So informative! Thank you!
Michael Hall	Great job Raven!
Debbie Cohen	Agree ST
Joshua Samuels	Refractory to Lisinopril, Metoprolol, Nifedipine XL, Lasix, Hydralazine, Minoxidil, Spirolactone, and Clonidine patch
Rivka Ayalon	Great talk Raven!
Stephen Juraschek	Great talk
Annet Kirabo	Great to see you Dr. Biaggioni!
Karen Griffin	Fantastic talk!!
Mohammed Siddiqui	Agree, Reserpine is not tolerated by everyone. We noticed patients tolerate lower dose Reserpine 0.1mg than 0.25mg
Phillip Levy	Thanks Raven! Such a great way to break it all down.
Joshua Samuels	Great review
JBrian Byrd	On this topic, I have always looked to this article, Four Faces of Baroreflex Failure: https://www.ahajournals.org/doi/full/10.1161/01.CIR.0000017186.52382.F4
Daichi Shimbo	Wow. What a study!
James Luther	That was an excellent talk Dr. Voora- thank you.
Jan Basile	Great additive drug at bedtime in non-dipper at 0.05 to 0.1 mg qhs back in the day
Stephen Juraschek	Baroreflex buffering - fascinating!
William Cushman	Reserpine does cause depression in doses >0.25 mg/d, but not apparent in RCTs with .1-.25 mg. I have probably used more reserpine than anyone else on this chat and intolerance and bothersome side effects were very rare, but did occur occasionally..
Joshua Samuels	Not available in USA, Dr. Cushman. How do you obtain for patients?
William Cushman	Unfortunately, I don't try to get it now.
Joshua Samuels	Jan?
Fernando Eljovich	Sorry to compete with Bill but I only had reserpine, guanethidine and aldomet (and thiazides) in Argentina 55 years ago, so I must have used a ton of reserpine
Joshua Samuels	I think that ship sailed

Sebastiao FerreiraFilho	Can we consider central arterial stiffness as a cause of baroreflex failure?
William Cushman	Maybe side effects were from the other drugs or high doses, which were used 55 years ago.
Italo Biaggioni	SF: aging decreases baroreflex function but unlikely to the extent that will give a full clinical picture of baro failure
Daichi Shimbo	Fantastic informative talk
Debbie Cohen	Very difficult patients to manage - agree with not using oral clonidine, makes things worse
Debbie Cohen	Italo what do you think about using SSRI i find it helps with the lability
Italo Biaggioni	Ron victor used to say that clonidine is the act of the devil because of rebound
James Luther	Dr. Victor's quote at our grand rounds: "Clonidine is the Devil's right hand"
Italo Biaggioni	DC I have not tried that. Will need to give it a try. Important to reduce anxiety. When legal, marijuana helps many patients
Nora Franceschini	the clonidine patch is better
Joshua Samuels	What about TTS clonidine?
Daichi Shimbo	@JL (thumbsup)
Debbie Cohen	anxiety definitely a major issue in these patients
JBrian Byrd	I am unaware of a rationale for use of oral clonidine in preference to guanfacine. Is there one?
Italo Biaggioni	In our hands it does not work as well, but this is anecdotal and can certainly be tried
Joshua Samuels	@Nora, beat me by 1 second
Italo Biaggioni	I mean TTS clonidine
Debbie Cohen	we usually use low dose citalopram or similar at 10 mg daily
Atossa Niakan	Dr. Biaggioni can I please have your email to discuss a challenging case-
Wanpen Vongpatanasin	would SSRI like citalopram be better than Benzo for anxiety related HTN in baroreflex failure in terms of sedation?
Fernando Eljovich	Kauffman has shown nephrotoxicity of Florinef, so I never use it
Nora Franceschini	@Joshua, faster fingers
Italo Biaggioni	AN Reference: JACC 2019;74:2939 PMID 31806138. Hope it helps Italo.biaggioni@vumc.org
Debbie Cohen	Italo excellent talk as usual - very challenging patients
Atossa Niakan	thank you

Sebastiao FerreiraFilho	Foods with a high content of carbohydrates and fats promote reductions in post-prandial BP
Joshua Samuels	Great talk.
Italo Biaggioni	Fernando, like I said: "in desperation" we use fludrocortisone
Jordana Cohen	Wonderful and extremely helpful talk, thank you Dr. Biaggioni!
Michael Hall	Very informative Dr. Biaggioni, thanks!
Italo Biaggioni	thanks everyone for attending
JBrian Byrd	Thank you, Italo--wonderful explanation.
Annet Kirabo	Dr. Biaggioni, thanks! Great talk!
Karen Griffin	Thank you, Italo! Very informative talk!!
Italo Biaggioni	presentation attached under resources
Nora Franceschini	this is a great conceptual model!
Daichi Shimbo	Tom Pickering always used to talk about "tension" in hypertension.
Daichi Shimbo	What a great talk.
Phillip Levy	Thank you!
Daichi Shimbo	PTSD is also interestingly associated with non-dipping BP.
Karen Griffin	So true and often over looked!!
Daichi Shimbo	McEwen was a giant. RIP - he passed in Jan 2020.
Daichi Shimbo	https://en.m.wikipedia.org/wiki/Bruce_McEwen
Phillip Levy	Did such great work.
Nora Franceschini	Can you see these epigenetic changes in a short term?
Phillip Levy	Yes
Daichi Shimbo	I love this paper.
Phillip Levy	Me too!
Daichi Shimbo	I believe this is a follow-up from a prior lancet paper.
Nora Franceschini	very interesting, thanks for this grant talk
Mohammed Nayeem	I love too!
Atossa Niakan	Very interesting talk- Thank you Dr. Levy
Phillip Levy	You are most welcome!
Nora Franceschini	I mean great talk
Mohammed Nayeem	Great talk!
Phillip Levy	Happy to give a grant talk too :-)
Debbie Cohen	Dr Levy thank you for a very interesting talk - a lot to think about

Daichi Shimbo	Thank you Dr. Levy.
Joshua Samuels	Excellent
Jan Basile	Hard to get a quantitative grip on it's total effect. But working at the VA for 40 years, it's worth a strong try. Thank you.
Annet Kirabo	Great talk Dr. Levy!
Karen Griffin	Very Interesting topic and clinically extremely relevant!! Thank you!
Daichi Shimbo	Up next - Dr. Samuels!
Michael Hall	Great job Dr. Levy!
Phillip Levy	Quantifying benefit is tough for sure.
JBrian Byrd	Thanks, Phil!!
Phillip Levy	Hey Brian!
JBrian Byrd	Hey--good to 'see' you!
Sarah Melville	interesting presentation, thank you. Also, in Canada, Hypertension Canada started to include children in their clinical hypertension guidelines as of 2018
Daichi Shimbo	Oh gosh.
Daichi Shimbo	We are falling down in children and adolescents too!
Sarah Melville	yes, agreed, Dr. Shimbo, perhaps it has a tendency to be overlooked
Joshua Samuels	Should be easier now as thresholds are same in adolescents
Daichi Shimbo	That is so important to know.
Daichi Shimbo	Thank you.
William Cushman	If oscillometric elevations are required to be confirmed with auscultatory in Peds, do they have Hg manometers or use (usually inaccurate) aneroid manometers?
Joshua Samuels	Mix, Dr. Cushman. I still used mercury until a few years ago. Now use a calibrated aneroid.
Joshua Samuels	Still have the mercury for calibration.
Daichi Shimbo	@JS - why isn't HBPM more fully embraced in children and adolescents?
Lisa Forteschramm	Yes, and now we have kids who have lived through one or two economic recessions, a pandemic, and some have also experienced severe economic loss from climate change. Here in Santa Cruz, CA 80,000 people were evacuated at the start of the CZU fire (down to 1500 now). In OR, 10% of the pop are currently evacuated from their homes. Any child coming in these days ought to be carefully screened.
Sarah Melville	I think Dr. Flynn mentioned that there is only 2 validated automatic BP devices for children. The universal validation protocol requires the BP devices for children to be a separate study.

Joshua Samuels	Role of psychosocial stressors is undefined, but wonder if we'll see a bump in both WCH and sustained HTN in youth
Stephen Juraschek	Annual BP screening makes sense. The USPSTF recommends q3 years in low risk adults, which I think opens the door to delayed identification of elevated BP for lifestyle conversations
Daichi Shimbo	Ok - I see.
Joshua Samuels	Initial treatment is similar to adult patients
Debbie Cohen	I see a lot of patients who transition to our practice for the childrens hospital - always impressed that they have always had ABPM for definitive diagnosis
Debbie Cohen	definitive
Joseph Flynn	@Sarah - yes per StrideBP, only 3 devices validated in children. It's a real problem
Joseph Flynn	But that's just home devices. Many devices for use in the clinic/hospital are validated.
Daichi Shimbo	@JF - thanks for the information. Very helpful.
Joseph Flynn	@Daichi - no good data on home BP in children
Lisa Forteschramm	Are there stats on WCH in kids?
Joshua Samuels	Lisa- variable, but ranges from 13% to 30% of those with sustained HTN in clinic
Sarah Melville	@Dr.Flynn, thank you- & as per Dr. Shimbo's question re: HBPM in children/adolescents it was interesting what you mentioned about the "Mom Hypertension" as a WCH so you use ABPM in those cases
Joseph Flynn	@Lisa - interesting comment. There are data showing that more ACE's during childhood are associated with high BP
Lisa Forteschramm	Thank you Dr. Samuels
Stephen Juraschek	I think there should be more transparent labeling of high sodium snacks to inform parent decisions for kids
Joseph Flynn	@Sarah - yes we use lots of ABPM
Joshua Samuels	*there are actually some papers that list over 75% WCH, but in highly selective populations
JBrian Byrd	@SJ: Chile has implemented labels that are very interesting
JBrian Byrd	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7012389/
Lisa Forteschramm	@Joseph, that is very interesting
Joseph Flynn	Almost every child/adolescent referred to us for high BP gets ABPM

Joshua Samuels	Same, ABPM for almost every referred patient
Joshua Samuels	Thanks to AHA for funding SHIP AHOY
Joseph Flynn	@Lisa See: https://pubmed.ncbi.nlm.nih.gov/25858196/
Lisa Forteschramm	Is some of the WCH learned behavior from parents/guardians? If so, a discussion with parents/guardians may help reduce WHC in the kids. ???
Michael Hall	Nice talk- very important area!
Daichi Shimbo	Thank you Dr. Samuels - what a terrific talk.
Tammy Brady	Great talk, Josh!
Daichi Shimbo	Actually, all the talks in this session were terrific and very informative.
Debbie Cohen	Excellent talk Josh - thank you
Gilad Hamdani	Great talk, Joshua!
Joshua Samuels	Thanks all
Jan Basile	Thanks, as always, Josh!!
Stephen Juraschek	Great talk!
JBrian Byrd	Thanks for enlightening us on this topic, @JS!
Annet Kirabo	Thanks very much! Great talk on an important topic!
Karen Griffin	Thank you!! Great talk!!
Joshua Samuels	How many adult practitioners are seeing teens in their practice?
Sarah Melville	Thank you for the great presentations, ;)
Nora Franceschini	What about Joshua talk?
Uche IHEME	Great presentation, Dr. Samuel
Lisa Forteschramm	Great talk!
Joshua Samuels	MY talk is available in resources section too
Joseph Flynn	@Nora - Dr. Plante's talk wasn't presented so Dr. Samuels already spoke
Nora Franceschini	thanks, I will check
Mohammed Nayeem	Thanks , a great talk!
Pamel Burrage	Please note all presentations will be made available in the OnDemand product if you missed it during the live session.

Nora Franceschini	sure, I had a lunch break
IrmaMarie Yape	Thank you
Joshua Samuels	Thanks for all comments/questions
Lisa Forteschramm	@joseph that ACEs in kids paper is astounding. Thanks for the ref!

Neural, Renal & Vascular Mechanisms in Hypertension

name	message
Alexander Staruschenko	Welcome to the Neural, Renal & Vascular Mechanisms in Hypertension!
Alexander Staruschenko	Dr. Zhang - just curious if rats were kept isolated or in groups?
Bojun Zhang	They are in groups
Stephanie Watts	Dr Zhang: is CA known to have any DIRECT effects on the vasculature?
Bojun Zhang	Yes, CA has been shown to be a vasodilator in the systemic vasculature.
Stephanie Watts	Thank you
Carmen DeMiguel	Did CA reduced inflammation in the kidneys of SHR?
Pablo Nakagawa	Does CA leak dependent on the arterial pressure in the portal system? Can you extrapolate your findings in SHRSP in other models of high BP or models where there is high portal pressure but not systemic BP?
Fernando Eljovich	can you reproduce results by giving Lactobacilli?
Tao Yang	Bojun, Why did you choose CA a primary Bile acid, rather than a secondary bile acid for this experiment? The change in gut microbiota should have direct impact on the composition of secondary bile acid.
Bojun Zhang	We did not examine the kidney in this study, but we saved the tissue for further study.
Carmen DeMiguel	Did CA improve kidney damage?
Stephanie Watts	Thank you for this clear presentation, Dr Zhang.
Carmen DeMiguel	Thanks! Looking forward to those analyses!
Carmen DeMiguel	Great presentation Dr. Zhang!

Alexander Staruschenko	Yes, don't forget about the kidneys!!!
Carmen DeMiguel	:)
Tao Yang	Maybe I missed it. Do you see the secondary bile acid composition change after CA supplement?
Bojun Zhang	@Pablo, systemic CA level should be regulated by the efficiency of BA uptake of liver. I am not sure if high portal pressure contribute to the systemic BA levels.
Bojun Zhang	@Fernando, We haven't try the lacto supplementation.
Bojun Zhang	@Tao, most secondary BA are actually toxic due to their hydrophlicity. CA and UDCA are less toxic and are ideal for chronic supplementation. Since CA is reduced in SHRSP plasma, we choose it for supplementation.
Patrick Molina	Nice Talk Bojun. Have you examined if the microbial effects seen by CA are specific to certain intestinal segments (duodenum, ileum, jejunum, proximal/distal colon)?
Bojun Zhang	@Alexander, I will surly keep kidney in my mind for further study. Thanks!
Tao Yang	Supplementation of Lactobacillus does not rescue the blood pressure in SHR. Not sure about SHRSP. Actually, SHR/SHRSP has higher Lactobacillus than WKY
Bojun Zhang	@Tao, Yes, we saw an increase in TLCA in the plamsa of SHRSP after CA treatment. I am not sure what contribute to this change. It can be either a gut microbiome change or functional change of BA transporter in the liver/gut. We have planned studies to look into it.
Patrick Molina	Did you examine VDR changes in tissue? FXR?
Robert Speth	does glyburide alter PWV in control mice?
Bojun Zhang	@Partick, We have not exmine the effect of CA on different segments of intesting. The 16s data is from the cecum. It is certainly important to look into the change of microbiome of different regions as you suggested.
Curt Sigmund	Are the effects of glyburide directly on the vessel wall?
Fernando Eljovich	sulfonylureas are otherwise related to increased CV morbidity, so how could you make this neuronal effect clinically relevant?
Bojun Zhang	@Patrick, We have not yet examine the receptor expression in tissues yet, but it is on my list.
Nildris Cruzdiaz	@Robert we did not measure at this time in widtypeglyburide treated animals the PWV but is in our plans to do so
Patrick Molina	Thanks Bojun!

Nildris Cruzdiaz	@ Curt The Katp channel is present on the smooth muscle cell so glyburide inhibits the activation of this channel and tht contributes to the vascular toneon the vessels
Robert Speth	why kappa opioid receptors and not mu opioid receptors?
Daria Golosova	We were able to show that specifically stimulation of kappa opioid receptors led to robust increase in calcium in podocytes of freshly isolated rat glomeruli. Neither mu- or delta - opioid receptor stimulation led to the same effect.
Sumit Monu	@ Daria. Have you seen any difference between nephrin expression upon stimulation of kappa ORs?
Nildris Cruzdiaz	@Fernando Yes there has been concerns of sulfonyleureas have increased CV mortality. The effect of Glyburide will depend of rout of administration. short term use of gly as in this study showed no potential CV complication. But there still a lot to study in terms of the mechanism.
Sumit Monu	just got it in this slide
Daria Golosova	@ yes we did. HS challenge along with chronic BRL treatment leads to increase in nephrin shedding
Robert Speth	the opioid epidemic is caused by mu receptor effects. The only use of kappa opioid receptor agonists is salvinorin as a dissociative psychedelic agent
Stephanie Watts	@daria: what normal functions would a Kappa opioid serve in a podocyte serve, or is this just what you are finding? Is this Ca elevation a normal event?
Stephanie Watts	Im just surprised to think of WHY a Kappa receptor would be there! But that makes this really interesting
Daria Golosova	Unfortunately almost all clinically available opioids are not 100% specific and may stimulate K-ORs..
Sumit Monu	@Daria. looks like altered myogenic response in your model. any thoughts?
Analia Loria	@Daria, Kappa opioids receptors mediate angiotensin-induced neurogenic HT. This is very interesting novel insight in the kidney!
Daria Golosova	@ Stepanie In normal salt (normotensive) conditions stimulation of K-ORs leads to transient increase in calcium in podocytes. In a hypertensive cohort acute application leads to sustained elevation of calcium in podocytes leading to irreversible changes.
Yagna Jarajapu	Rob, buprenorphine is and kappa opioid receptor antagonist and is extensively prescribed for opioid-dependence. Just FYI
Stephanie Watts	Thank you
Pablo Nakagawa	Great work @Daria! Does activation of kappa receptor also induce G protein dependent signaling by itself, right? Any thought on what would be the long term consequences of G protein signaling in podocytes?
Daria Golosova	@Analia Thank you, Analia! We would like to acknowledge this in our future studies as well.

Fernando Eljovich	Is core body temperature increased in the late phase of SS hypertension?
Daria Ilatovskaya	@NamrataTomar do you see changes in calcium handling by the mitochondria, and at what stage? And to clarify, the conclusion is mitochondrial changes are a result of ROS that are not produced in mitochondria, correct?
Daria Golosova	@Pablo. thank you, great question! K-OR are typical GPCR receptors stimulation of which may activate various intracellular signalling pathways and ion channels. But chronic use of BRL leads to aggravation of hypertension and increased podocyte damage in conditions of elevated increase of TRPC6 expression.
Namrata Tomar	Hi @Daria, We have seen the changes in Ca ²⁺ handling by mitochondria upon high salt diet for different days. High salt has effects on MPTP opening
Daria Golosova	@Yagna Thank you for your comment! Unfortunately there is a lack of studies showing the impact of opioids on the kidney especially in hypertension. They are widely used in this cohort.
Daria Ilatovskaya	@Namrata, thanks. Would love to talk to you about the data and the interpretation of the findings later! Great job.
Namrata Tomar	@Daria, I would be happy to discuss.
Analia Loria	Hi Dr. Xue! did you have the chance to measure Aminopeptidase A in different regions of the ELS brains from male rats?
Baojian Xue	Thanks for the question, not yet!
Gregory Fink	Dr. Xue, was there any effects of ELS on body weight or adiposity?
Daria Golosova	@Sumit We would like to acknowledge this in our future studies. But in this particular experiments we were able to show BRL-induced podocyte damage in vitro and in vivo.
Robert Speth	the disparity in AT1R mRNA and AT2R mRNA with receptor protein expression is strange
Analia Loria	BTW, when we used a higher concentration in female ELS rats, HT development was exacerbated, but delayed. Thanks!
Analia Loria	higher AngII concentration
Sumit Monu	@Dr.Xue. Is it a good idea to check if the the heart rate further increases upon hydralazine or direct vasodilators due to cardiac reflex?
Shunguang Wei	Great Talk!
Analia Loria	Nice talk!
Namrata Tomar	@Fernando, We did not measure body temperature for that purpose, Though we have BP data
Sumit Monu	@ Daria. Thanks and it was a great talk. congratulations!!
William Welch	Daria, interesting concept and data. Learned something.

Daria Golosova	@Sumit Thank you very much!
Baojian Xue	Dr. Fink, there was not differences in BW, we did not measure the fat mass, thanks
Baojian Xue	Thank you for the suggestions
Daria Golosova	@William Thank you! We look forward to acknowledge every question raised in this discussion in our future studies.
Robert Speth	are the Orexin KO mice narcoleptic?
Zhengrong Guan	Great talk, Dr. Xue!
Fernando Eljovich	@ Namrata. Thanks. Changes of 0.5C have effects on life span. This magnitude of change is likely occurring due to uncoupling in your model
DePei Li	Nice Talk, Dr. Xue
Kristy Jackson	Robert we haven't assessed sleep per se but see a mild reduction in locomotor activity level during the light period
Kristy Jackson	Robert apologiesa reduction during the 'awake' dark period
Namrata Tomar	@Fernando, We discussed the body temp for Dahl SS rat models on HS diet due to nito uncoupling. We are aware of high Body temp as mentioned in the literature. As this questions arises, we would like to measure it as one of our parameter. Thanks for sharing the info and pointing this out.
Robert Speth	I am curious to know if people with narcolepsy have BP alterations
Baojian Xue	Thank you all!
Curt Sigmund	I want to thank everyone for attending Hypertension 2020 Scientific Sessions. Stay tuned for news on Hypertension Sessions 2021.
Gregory Fink	Dr. Jackson, have you measured RAS or AVP in orexinKO mice
Robert Speth	Great job Curt !
Alexander Staruschenko	Thanks to all speakers and attendees. As a summary we can say that all three: Neural, Renal & Vascular Mechanisms are critical in the control of hypertension! Hopefully, everyone enjoyed this Virtual Experience and learned something new.
Daria Golosova	Thank you everyone for their presentation and all the questions!
Kristy Jackson	Greg the response to ACE inhibition was unaffected but we didn't look at AVP
Anne Kwitek	Great virtual meeting...
Namrata Tomar	Thank you all for attending the session.
Fernando Eljovich	So, what is the mechanism of non-sympathetic stress overreactivity?
Susan Kunish	Thank you all for attending!

William Welch	thanks, great session
Anne Kwitek	Thanks to the organizers and the presenters!

Prescribing and Deprescribing Antihypertensives

name	message
Sarah Melville	The music is nice AHA, ;) Excited for these presentations too, esp Dr. Anderson, Dr. Jurachek, & Dr. Tomlinson, ;)
JBrian Byrd	This is such a great topic. My emeritus colleague Alan Weder has noted some time ago that this is a "lacune in the guidelines." https://pubmed.ncbi.nlm.nih.gov/21079044/
Sarah Melville	Thank you for the reference, Dr. Byrd. I'll look it up, ty, ;)
Karen Griffin	Great questions!
Angela Brown	White coat HTN in the inpatient setting is a very important issue; and needs to be incorporated into resident training as residents tend to over respond and over treat.
Jordana Cohen	Dr Brown, I couldn't agree more. I often cite Dr. Anderson's work in talks to residents -- it's challenging to convince them not to over-treat
Stephen Juraschek	White coat hypertension especially prevalent in older adult
Sarah Melville	That is a good point, Dr. Brown, thank you, & yes, lots of new stresses as an in-patient
Uche Ihome	@Angela Brown. Very true
JBrian Byrd	Dr. Brown: so true. The classic on that topic: https://www.ahajournals.org/doi/abs/10.1161/01.hyp.9.2.209
Angela Brown	@Dr. Byrd- thank you for posting this reference
Aimee Garza	Thanks for all the journal references- I'm new and learning
Timothy Anderson	Always enjoyed the lacune in the guideline article
Jennifer Cluett	Great talk and important questions raised...
JBrian Byrd	Same here, @TA. I think it is a really great article, as Alan Weder's work is generally
Sarah Melville	Thank you for that reference, Dr. Byrd. A classic paper for by Dr. Alberto Zanchetti et al- was sad when he passed away- I still miss his editorials in the J of Hypertension
Beverly Green	residual confounders?
JBrian Byrd	Right: is there a way to evaluate for effect of confounding by (perceived) 'indication to intensify'?
Stephen Juraschek	Thank you, Tim!

Sarah Melville	cool, thank you, Dr. Anstey for your follow on twitter- nice to e-meet you and looking forward to your presentation here too, ;) looks like you are in the same location as Dr. Shimbo..?
JBrian Byrd	This medication confusion point is a great point. Maybe challenging to identify in studies? But it clearly occurs
JBrian Byrd	Great work--thank you
Sarah Melville	Thank you for your helpful presentation, Dr. Anderson, ;)
Lisa Forteschramm	Good reminder to review the meds of patients who had a recent hospital stay
Angela Brown	Thank you Dr. Anderson for an outstanding presentation on a common, and often not addressed problem!
David Anstey	Certainly same location as Dr. Shimbo. A terrific mentor!
Timothy Anderson	Thanks! Amazing how rarely it is discussed given that we measures 100s of blood pressures for each hospitalized patient...lots more work to do to understand best practices
Karen Griffin	Thank you, Dr. Anderson! Very informative and look forward to future work on this topic!
Sarah Melville	@Dr. Anderson, yes, true, perhaps too overlooked with inpatients
Joshua Samuels	Great talk. Even less data in youth with elevated hospitalized BP
Timothy Anderson	Yes, our studies have focused on older adults in VA which is not representative of many populations and other health systems...
Timothy Anderson	Challenge is the rarity of high quality EMR data to capture both medication use and blood pressures across inpatient and outpatient settings
Timothy Anderson	Would be great to have more prospective data collection in diverse populations
Lisa McCarthy	My experience is seeing people trying to cope with multiple medication changes once they are home. Great to see awareness of reasons to pause the first instinct to "clean everything up" quickly during hospitalization.
Daichi Shimbo	Everyone should check out Dr. Juraschek's moderated e-poster on intensification of meds on incident OH
Daichi Shimbo	A lot of great work in this area.
Stephen Juraschek	Thank you Dr. Shimbo!
Timothy Anderson	Also check out Dr. Juraschek's hot off the presses Annals of Internal Medicine systematic review on effects of intensive BP treatment on orthostatic hypotension https://www.acpjournals.org/doi/abs/10.7326/M20-4298
Stephen Juraschek	Thank you Tim!
Lisa McCarthy	Thanks for sharing @TA!

Sarah Melville	@Dr Juraschek do people with OH have increased arterial stiffness and decreased baroreflex control?
Stephen Juraschek	@Sarah - this is a great question. We found in ARIC that OH in middle-aged adults was associated with carotid intima thickness as well as carotid plaque
Stephen Juraschek	I believe more direct measures of stiffness and function have been reported as well - but I'll have to look for the references for you
Clarence Grim	In patients with minimal OS HTN who complain of problems also do what I call a tippy toes BP. Have them stand up and down on toes 10 x and repeat BP = This will detect exercise induced hypotension which may be missed otherwise.
Sarah Melville	ooh, thank you, yes, that is interesting. Related to carotid intima thickness & baroreflex control, do you know physiologist, Dr. Bill Farquhar- he used to be in Boston and he is a professor in Newark, Delaware now..?
Angela Brown	Good point regarding exercise @CGrim
Stephen Juraschek	@Clarence - create clinical test. Thank you!
Clarence Grim	The tilppy toes fall in BP was a common finding it the days of guanethicine.
Stephen Juraschek	@Sarah - Bill Farquhar is a fabulous expert on autonomic function and still quite active. I really enjoy his work
Clarence Grim	guanethidine
Sarah Melville	@Dr Juraschek- yes absolutely, both he and Dr. J Andy Taylor are experts on that topic... I did an internship with them as an undergrad, ;) and enjoy their work too, ;)
Atossa Niakan	Based on above why should we monitor asymptomatic hypertensive patients for OH
Stephen Juraschek	@Atossa - I agree the evidence isn't strong in favor of screening or post-treatment monitoring
JBrian Byrd	Thanks, @SJ!
Atossa Niakan	Thank you. Great talk
Sarah Melville	Thank you for your great presentation, Dr. Juraschek, ;)
Lisa McCarthy	Important practice points @SJ!
Angela Brown	Thank you @Juraschek - great presentation!
Clarence Grim	I often have pts hold BP meds when playing an early AM tennis game when it is hot and humid. Esp if they complain of being usually tired at the end of the game. Or doing similar exercise in the heat.
Daichi Shimbo	Confounding by indication is such a hard study design issue to overcome.
Clarence Grim	I have had 2 patients with Conn's have a sign jump if Cr after a CT with contrast. Slowly recovered. Am cautious about contrast for CT in pts with PA. big data may be able to test this issue.
JBrian Byrd	@CG: they would have be diagnosed first to spot them in the big data, and that's not happening much at all...

Sarah Melville	Nice to e-meet you here, Dr. Tomlinson. I am enjoying your presentation, ;)
Daichi Shimbo	Me too. Nice to meet you Dr. Tomlinson
Fernando Eljovich	Is reversibility of RAAS-blockade-induced AKI greater than that of AKI by other causes (e.g., surgery, sepsis)?
Stephen Juraschek	This is a great talk, thank you, Dr. Tomlinson.
Clarence Grim	Could look at hypokalemia at time of CT with contrast as as first look.
Timothy Anderson	Dr. Tomlinson - this is an extremely interesting topic which is eye opening to me as a PCP. I think about anticipatory guidance for sick days with diabetes meds all the time, rarely consider it with HTN meds but makes so much sense as a way to prevent ADEs
JBrian Byrd	Good point Dr. Grim
Angela Brown	Veru
JBrian Byrd	Is the notion of a sick day-based blood pressure medication strategy completely specific to nephrology? I've not heard of it outside the nephrology context
Angela Brown	Very interesting presentation
JBrian Byrd	'self-controlled series design' interesting!
Clarence Grim	Have been doing it for years but I am only a Hypertensionologist.
JBrian Byrd	Thanks for explaining that. It is not specific to nephrology contexts, then
Priyanka Solanki	What is triggering the alerts in the AKI study? Are the pts getting weekly labs or is there a proxy of AKI easily measured electronically?
Lisa McCarthy	A fantastic talk highlighting what is known and what is still to be learned for sick day rules.
Clarence Grim	Nice review. I would add working/exercising in the heat.
Stephen Juraschek	This is a great point - in AASK ramipril was renoprotective
JBrian Byrd	It is always reassuring to learn that something you didn't think of doing turned out to be in doubt!
Clarence Grim	Does home BP monitoring help?
JBrian Byrd	Thank you, LT!
Lisa Forteschramm	great talk!
Uche Iheme	Nice presentation, Dr. Tomlinson. thanks
Daichi Shimbo	Wow what a great line up of speakers!
Gbenga Ogedegbe	well done!
JBrian Byrd	By the way, are others in the chat using a sick day rule?
Clarence Grim	I have not formalized it for all but I will.
Karen Griffin	Excellent presentation as always!!

Joseph Flynn	This same topic was just covered in the NY Times: https://www.nytimes.com/2020/09/07/well/live/prescription-medication-drug-side-effects-cascade.html
Stephen Juraschek	Great presentation
Lisa McCarthy	Thanks for highlighting the NYT piece. Great to be featured with Tim Anderson here and in that piece! :-)
Josephine Amadi	Hello@Gbenga Ogegegbe, congratulations!
William Cushman	I don't systematically, but have worried about it and suggest it if patients ask. I do recommend holding BP meds if patients are in a competitive long-term race (Marathon)
Joseph Flynn	@Lisa - such an interesting problem that I have been subject to myself
JBrian Byrd	Thanks, Clarence, Bill for sharing that information. When it seems relevant, you implement. I understand
Gbenga Ogedegbe	@Amadi good to see your greetings!
Lisa McCarthy	If you're interested in the CCB-edema-diuretic cascade, see also this work by Vouri and colleagues: https://doi.org/10.1001/jamanetworkopen.2019.18425
Clarence Grim	I have found moving to DASH eating plan may help the edema due to CCBs. The most common situation I have found the edema issue is in pts with PA. PA almost never has "edema" except when on CCBs.
Beverly Green	what is PA?
JBrian Byrd	Primary aldosteronism
Sarah Melville	Nice to e-meet you here, Dr. McCarthy. Am interested to learn about your work & thank you for the references. Similarly, am in Canada too, ;)
Lisa McCarthy	@Sarah, great to "meet" you ;-)
Sarah Melville	@Dr McCarthy, thank you, ;)
Joseph Flynn	I wonder who is prescribing all these loop diuretics to patients on CCBs...
Clarence Grim	Loops are also prescribed only 1 x a day at least in US.
Lisa McCarthy	Interesting observation @Dr. Grim. Non-pharmacological options are key when trying to deprescribe or undo/avoid prescribing cascades.
Clarence Grim	They also help with down titration/stopping.
James Luther	@Dr. McCarthy: did you also look at the protective effect of ACEi/ARB on this phenomenon, as they are known to be protective against CCB-induced edema?
Lisa McCarthy	@Dr. Flynn, I was surprised by how often this was prescribed.
Sandra Taler	This is a very interesting topic, one I did not think about in this way before. I think many of us are well aware of the side effects but need to use the agents due to the severity of the hypertension - for example diuretics and use of gout, CCBs and edema.

Stephen Juraschek	I find some patients are resistant to discontinuing their loops even when it isn't effective for their edema
JBrian Byrd	I appreciate the clarity of the presentation including the clear statement of limitations. Very nicely done.
Clarence Grim	Have you surveyed clinicians on how they handle edema with CCBs?
Lisa McCarthy	Our second comparator group, which I called "other "antihypertensives was ACEI/ARB. But we did not find the protective effect we had thought we might.
William Cushman	were thiazides also prescribed more commonly after a CCB started? that may be a good thing.
Stephen Juraschek	Its impressive how these loops (like PPIs) are perpetuated
Joseph Flynn	-/u8ip[;]'+'?sa487+6945ertyupio\]
Atossa Niakan	Bill-That is exactly what I was thinking- whatever get them to start Thiazides
Joseph Flynn	\+98\][=21w3
Beverly Green	too bad we cannot ask questions about the thiazides
Clarence Grim	Nice Tackling!
JBrian Byrd	Thank you for these pragmatic considerations at the end of an excellent presentation
James Luther	Great point about CCB edema occurring late- have even seen in patients on stable dose for years- any insight into why this might occur?
JBrian Byrd	<virtual applause>
Susan Keith	A new concept for me and very thought provoking!
Lisa McCarthy	We aren't sure about the mechanism about why this can happen after someone has been on a stable dose for many years. I have seen it clinically too.
Stephen Juraschek	Great presentation!
Clarence Grim	My hunch would be a change in Na intake.
James Luther	excellent- thanks Dr. McCarthy!
Clarence Grim	increased Na intake.
Angela Brown	Wonderful presentation @Lisa McCarthy!
JBrian Byrd	In conjunction with our review of out-of-office BP monitoring in JAMA, @Sarah helped create this patient page that some may find useful
JBrian Byrd	https://jamanetwork.com/journals/jama/fullarticle/2712546
Sarah Melville	thank you, Dr Byrd, ;)
Clarence Grim	I always have a new pt show me exactly how they are using their machine as I watch. I would say 70% are making some kind of an error in using their device.
Clarence Grim	eg using a wrist device with hand on the table or in lap.

David Anstey	At least! Not to mention if the home values that are being reported are not always accurate when compared to downloaded data..
JBrian Byrd	@CG, do you mean with the ABPM device? Some things are not standardized, surprisingly, such as aarm position
JBrian Byrd	We wrote something about that at one point
Lisa McCarthy	Thiazides were included in our secondary outcome in the paper. (eTable 5 in our supplementary appendices for the results). https://jamanetwork.com/journals/jamainternalmedicine/article-abstract/2761272
Lizzy BREWSTER	That is a great tip Dr. Grim
Sarah Melville	true, Dr. Grim, and perhaps even more. For HBPM, Dr. Byrd and I cited this patient page in our ABPM instructions: https://jamanetwork.com/journals/jama/fullarticle/2643764
William Cushman	Thanks, Lisa, I thought I remembered something about that from the paper. There was an increased use? I can't copy these references put in chat by the way for some reason.
Stephen Juraschek	and Banegas has since been retracted.
Sandra Taler	Was Banegas investigated?
Clarence Grim	I also "validate" the device accuracy (arm devices that measure on deflation) by listening to the K sounds as the device takes the BP and write my reading down before looking a the device readings.
Jordana Cohen	@Stephen the results are the same with excluding Banegas
Jordana Cohen	We posted them on our UpToDate card
David Anstey	The results were similar without the recent NEJM Spanish ABPM results, but it's an important point to make regarding the analysis
Stephen Juraschek	Good to know - thanks @JC
Atossa Niakan	Thank you Dr. McCarthy- excellent-will look at the table-
Sarah Melville	Also, i think only the Benegas et al 2020 was retracted - not the 2018 paper
Jordana Cohen	@Sarah it was the 2018 NEJM paper (I'm not sure which 2020 paper you're referring to)
Atul Bali	It was the 2018 paper - https://www.nejm.org/doi/full/10.1056/NEJMc2001445
JBrian Byrd	Sarah may have this expression of concern in mind:
JBrian Byrd	https://www.ahajournals.org/doi/10.1161/HYP.0000000000000098
Stephen Juraschek	There is exciting U.S. cohorts that may be doing ABPM. I hear SOL looks favorable as well as ARIC.
Sarah Melville	ooh thanks why was 2018 retracted? And yes there was a paper earlier this year from them that was retracted

Sarah Melville	yes, thank you, Dr. Byrd that is the link for the retraction notice. Also, I posted this on twitter yesterday
Lisa McCarthy	@Dr. Cushman and Niakan, we saw increased hazard ratios (slightly > 1) in our "all diuretics" group at most time points but the effect was more muted when compared to loop only group. Limitation though was that the other diuretic group was not just thiazides though. Sorry for delay. Limitations of virtual forum and not being away from family during international presentation :-)
Clarence Grim	There are self sleep BP devices in the works using a home device. Any experience with them yet.
Daichi Shimbo	The sleep HBPM devices taking 3-5 readings in the middle of the night during sleep
Gbenga Ogedegbe	Do we have a sense of how many people actually treat patients with Masked HTN?
Daichi Shimbo	There is one data from Japan that they are comparable to ABPM (at night).
Stephen Juraschek	The statement is a comprehensive summary of HBPM
David Anstey	Really terrific statement, I've re-read multiple times and it helps to summarize/reinforce best practices
Curt Sigmund	I want to thank everyone for attending Hypertension 2020 Scientific Sessions. Stay tuned for news on Hypertension Sessions 2021.
Angela Brown	Thanks to all the presenters in this session for outstanding presentations!
Daichi Shimbo	Thanks for attending everyone.
JBrian Byrd	Thank you for a fantastic meeting!
David Anstey	Terrific sessions.
Lisa McCarthy	Thanks for attending everyone!
Aimee Garza	Thank you for the great educational event !
Atossa Niakan	Dr McCarthy- noted and thank you so much everyone
Sarah Melville	Thank you for a great meeting ;)
Stephen Juraschek	Great meeting!
Marwah Abdalla	Great session! thanks to all speakers
Atul Bali	Excellent meeting. Many thanks to the speakers and to the organizers!
Claudia Fotzeu	My first but so inspiring!!!
Jordana Cohen	Great talk, Edmund!
Claudia Fotzeu	Thank you all
Angela Brown	@Daichi - Great job chairing this conference!
JBrian Byrd	Well done, Edmund!
JBrian Byrd	Thanks, @Daichi

Lisa
Fortesschramm

This was such an excellent conference to attend for my very first required accumulation of CEs! Also thank to everyone for the chat insights!