Italian Journal of Medicine

Appendix

Self-reported hypertension, dyslipidemia and hyperuricemia management by Italian Internal Medicine Units: a national survey of the FADOI Study Group in Cardiovascular Medicine

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Italian Journal of Medicine 2017; 11: 371-379_Appendix
doi: 10.4081/itjm.2017.852

Questionnaire about hypertension, dyslipidemia and hyperuricemia filled in by physicians working at Internal Medicine Units (IMUs) in Italy

Abbreviations: BP, blood pressure; ABPM, ambulatory blood pressure monitoring; HBP, home blood pressure; GP, general practitioner.

HYPERTENSION SECTION

Which of the following devices or procedures are used in your center?

a) Electrocardiogram
b) ABPM
c) Echocardiogram
d) Carotid ultrasound
e) Ankle-brachial index
f) Lower arteries ultrasound
g) Renal arteries ultrasound
h) Arterial tonometry
i) Electronic patient record

Which special subgroups of patients with hypertension does your center deal with?

a) Pregnant patients
b) Patients with cancer
c) HIV +
d) a+b+c
e) Other

1. How do you measure BP?

a) Sitting position
b) Both sitting and standing position:
   b1. In the elderly patient only (>60 years)
   b2. In patients with diabetes only
   b3. In all patients at the first consultation
c) In both arms:
   c1. Always
   c2. If clinically required only
   c3. At the first consultation only
   c3. Never

2. How many BP measurements do you need to confirm hypertension?

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3. In patients with mild-to-moderate hypertension, when do you start treatment?

a) According to current guidelines
b) Case by case

4. How long does a clinic appointment for hypertension last?
   a) 15 min
   b) 15-30 min
   c) >30 min

5. How long is the waiting list in your center?
   a) None
   b) 1 week
   c) 15 days
   d) ≥1 month

6. Is there an alternative to standard booking system (*i.e.*, *Centro Unico Prenotazioni*)?
   a) Urgent referral
   b) Private clinic
   c) Hypertension nurse clinic
   d) Other

7. Do you use a specific diagnostic work-up?
   a) Predefined patient work-up (PAC)
   b) Day service
   c) Day hospital
   d) Other

8. Do you assess the patient's cardiovascular risk? If yes, which tool do you use?

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9. When do you request ABPM?
   a) Always before starting the treatment
   b) To assess BP control on anti-hypertensives
   c) To assess other BP-related parameters (nocturnal dipping, *etc*.)
   d) To assess blood pressure profile on top of HBP

10. When do you assess HBP?
   a) Always before starting treatment
   b) To assess BP control on antihypertensives
   c) To assess other BP-related parameters
   d) To assess blood pressure profile on top of ABPM

11. When do you use fixed combinations of antihypertensives?
   a) Always as a first approach when indicated
   b) I start with single antihypertensives first and then consider fixed combinations

12. Do you use an electronic patient record?
   a) Yes
   b) No

13. Do you routinely meet with GPs?
    a) No
    b) Sometimes
    c) Scheduled meetings (*e.g.*, monthly or yearly)

14. How many appointments for BP do you perform every year?
    a) <500
    b) 500-1000
    c) >1000

15. How many follow-up appointments per patient do you perform every year?
    a) 1
    b) 2
    c) 3
    d) >3

16. How is counseling managed in your center?
    a) By nurses
    b) By doctors
    c) Using leaflets
    d) a+b+c
    e) Other

17. How many patients seen in your hypertension clinic are screened for secondary hypertension?
    a) 10%
    b) 20%
    c) 30%
    d) Only if aged >40
    e) All patients

18. Which BP monitor do you use?
    a) Mercury sphygmomanometer
    b) Semi-automated
    c) Aneroid
    d) Other

19. How often do you perform BP monitor calibration?
    a) Every 6 months
    b) Every year
    c) Never
    d) Don't know

20. How often do you clean your BP monitors?
    a) After every clinic session
    b) Once a week
    c) Once a month
    d) Never
    e) I use a blood pressure cuff barrier

21. Do you assess microalbuminuria in patients with hypertension?
    a) Yes
    b) No

    21.1. If abnormal when do you reassess it?
        a) After 6 months
        b) After 1 year
        c) I don't usually reassess it

22. Do you think it is useful assessing HbA1c in obese patients with hypertension?
    a) Yes
    b) No

23. Do you think it is important to assess HbA1c in diabetic patients with hypertension?
    a) Yes
    b) No

DYSLIPIDEMIA SECTION

24. Is there in your hospital a clinic dedicated to patients with dyslipidemia?
    a) Yes
    b) No

25. What do you think about a dyslipidemia clinic in IMUs?
    a) Not useful as not cost effective
    b) Not useful as dyslipidemia needs to be managed in appropriate outpatient clinical settings
    c) Useful in order to consider appropriate individualized treatments
    d) Not feasible given the lack of manpower

26. Which treatment do you consider most often in patients with mild dyslipidemia?
    a) Diet and physical activity
    b) Statins
    c) Fibrates
    d) Selective cholesterol absorption inhibitor
    e) Nutraceuticals

27. Which treatment do you consider most often in patients with hypertriglyceridemia?
    a) Omega 3
    b) Fibrates
    c) Statins
    d) Fibrates and omega 3

28. How long does an appointment in the dyslipidemia clinic last?
    a) Dyslipidemia clinic not available
    b) 15 min
    c) 15-30 min
    d) >30 min

29. How many appointments in the dyslipidemia clinic are performed per year?
    a) Dyslipidemia clinic is not available
    b) 0-300
    c) 300-1000
    d) >1000

30. How many follow-up appointments per patient do you perform every year?
    a) 1
    b) 2
    c) >2

31. When do you reassess lipid profile after starting treatment?
    a) 30 days
    b) 60 days
    c) 90 days

32. How do you approach familial hyperlipidemia diagnosis?
    a) Excluding polygenic forms
    b) Assessing the overall cardiovascular risk
    c) Assessing the risk with a score
    d) Assessing the risk with the Dutch Lipid Score

33. Do you agree to treat patients with monoclonal antibodies (evolocumab, alirocumab)?
    a) Yes
    b) No
    c) Don't know

34 When do you think it is useful assessing lipid profile?
    a) In all patients aged >40
    b) In case of familial hyperlipidemia
    c) After a cardiovascular event
    d) In cases with a family history of cardiovascular diseases

HYPERURICEMIA SECTION

35. Which cut-offs do you use for the diagnosis of hyperuricemia?
    a) >7 mg/dL in both genders
    b) >8 mg/dL in both genders
    c) 2.4-5.7 mg/dL in females and 3.4-7.0 mg/dL in males
    d) 6 mg/dL

36. Do you think that reducing uric acid levels in asymptomatic patients is helpful for decreasing overall cardiovascular risk?
    a) Yes
    b) No
    c) Don't know

37. What do you think is the appropriate uric acid level target to be reached in order to reduce cardiovascular and non-cardiovascular complications?
    a) <6.0 mg/dL
    b) 6-6.5 mg/dL
    c) 6.5-7.0 mg/dL

38. Which medications to you use most often to treat hyperuricemia?
    a) Allopurinol
    b) Febuxostat
    c) Other