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The comprehensive treatment of hypertension in diabetics Hypertension: What are we treating? What should we be treating?

Clinic patients have hypertension monitored as part of the vital signs. This practice only dates to World War I. The history of blood pressure measurement is investigated from Stephen Hales to smart phone technology. Twenty-four hour monitoring may be a better tool than office measurement. The VA Cooperative Study Group demonstrated success in prevention of serious event with as little as 143, and 380 patients. Trials today need thousands of patients as blood pressure goals drop below a diastolic of 90 mmHg. This suggests that traditional blood pressure measurement may not be the correct surrogate for drug assessment and prevention of end organ damage. Arterial stiffness is better predictor of outcomes than systolic and diastolic blood pressure measurement. Fundamental laws of biology suggest diet and exercise is paramount in preventing hypertension just as in Diabetes II. Successful drugs in the future will help restore compliance to vessels infiltrated with lipids and inflammatory stiffness.

Biography

Philip D. Houck, M.D. MSc. is a cardiologist associate professor of medicine Texas A&M University currently working at Baylor Scott & White Healthcare. He started his academic career in Engineering Science at Penn State University, received an MSc in Biomedical Engineering and MD from Northwestern University. He retired from the Air Force serving at the Aerospace Medical Research Laboratory, School of Aerospace Medicine, and Wilford Hall Medical Center. Research interests include weather and myocardial infarction, increasing circulating stem cells with EECF, electrical remodeling of the heart, peripartum immune disease, lymphatics role in decompensated heart failure, and fundamental laws of biology.

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