EDUCATION MODULE FOR STROKE SURVIVORS AND THEIR FAMILY MEMBERS

FACILITATOR'S GUIDE

HYPERTENSION

Adapted from the Stroke Management in Lifestyle Education Session (SMILES)
at St. Michael's Hospital
2010

Ontario Stroke System
Fewer strokes. Better outcomes.

South East Toronto Stroke Network
FEWER STROKES. BETTER OUTCOMES.

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INTRODUCTION

The Canadian Stroke Best Practice Recommendations identify that "information and education should be provided for all stroke patients and their families, at all stages of care in a timely and interactive manner, in a variety of languages and formats that is specific to patient and family needs and impairments".

This module was developed to assist caregivers in delivering stroke education to patients and family members specifically on one specific risk factor "hypertension". The PowerPoint presentation along with the facilitator's manual were created with the goal of significantly reducing preparatory time and enable health care providers from any discipline to deliver the content. The Facilitator's manual is designed to support the Power Point Presentation and engage the participants in active learning using principles of Adult Learning.

DEFINITIONS:

A learning task integrates information with a way to do something with it. The learning tasks in this module are identified as Anchor or Application.

Anchor: A task that has the learner access their own prior knowledge or experience related to the topic.

Application: A task that has the learner do something with the new content. In this module application of learning generally revolves around verbal responses to questions. If the group is larger there are some learning tasks included where responses can be written on sticky paper and posted. Taking into account literacy, vision, hemiparesis, hemiplegia etc., it is suggested that the facilitator write these responses on the sticky paper.

Additional Information:

This section is intended to supplement the information in the slides, and provide the facilitator with sufficient information to elaborate on slides and be prepared to answer some of the commonly asked questions.

Note to the Facilitator:

This section provides the facilitator with rational for tasks and suggested approaches.

PROGRAM DESIGN & OBJECTIVES

WHO

This learning session is intended for the following persons / groups:

- Persons who have been identified as having high blood pressure as well as their spouses / partners, siblings, children, friends
- The community at large, those interested in understanding high blood pressure and methods of treatment and control.

WHY

The purpose of this session is to provide information and knowledge related to the following:

- What is blood pressure
- What is a normal blood pressure
- What are risk factors for high blood pressure
- How does high blood pressure affect your health
- How can high blood pressure be controlled

WHEN

The time frame for delivering this module is approximately 1 hour. This module is intended for both primary and secondary stroke prevention; as well as other disease prevention related to hypertension. It can be delivered in a variety of settings:

- Acute care
- Rehabilitation
- Prevention Clinics
- Community

WHERE

The appropriate setting will be determined by the facilitator.

OBJECTIVES

By the end of this module participants will:

- Understand what is blood pressure
- Understand what causes high blood pressure
- Understand the risk factors for high blood pressure
- Understand some of the methods of treating high blood pressure
- Identify at least one risk factor relevant to them

KEY POINTS FOR SUCCESSFUL FACILITATION

by Lori Gauld,
Leadership & Staff Development Consultant, St. Michael's Hospital

The goal of many patient education classes is to empower patients by giving them information to address health concerns and to help them create healthy lifestyles.

WHAT DOES AN EFFECTIVE FACILITATOR LOOK LIKE?

As a facilitator in a patient education program, may or may not be an expert on the topic. However, at the end of the session, it's not how much you know that counts, it's about how much your patients are able to learn. According to Harvard's Carol Tobias, the best educators are "engaging, respectful and caring. They are committed to helping people take charge of their own health, and willing to answer questions during class and at breaks".

PRINCIPLES OF ADULT LEARNING

In addition to the personal characteristics you bring, there are many factors that help you deliver a successful patient education workshop. Many of these relate to understanding how Adult Learners think.

KEY POINTS FOR SUCCESSFUL FACILITATION

PRINCIPLE	WHAT IT MEANS	WHAT YOU CAN DO
Self-directed	Adults learn best when actively involved in the learning process, and like to have some control over what they are learning. However, each individual may have different learning needs, different learning styles, and different learning speeds. You will need to use a variety of teaching methods to engage them all. Often, less is more: it's very effective learning when someone in the group asks a question (and you get to say "that's a great question") than to try to flood the group with all the information you know about a subject.	Build in choices, such as asking what topic is most important to them. Be flexible: Pay attention to the cues your group is giving about what they need to know. (Does anyone look bored? Confused? Change your language, pace, and energy level to meet the needs of your group. Note: The programs created by the Stroke Network include "Additional information" sections that provide you with common questions that might be asked
Life experience	Adults have a wealth of work and life experiences, and are looking to integrate new information with previous experience	Use open ended questions to draw out the many experiences that is relevant to the topic. Note: The programs created by the Stroke Network include "anchors" to help you.
Goal-oriented	Adults have reasons of their own for attending a session. They appreciate when the purpose and objectives of a session are clearly defined and relate to their goals.	Clearly spell out the goals and objectives of the session. Ask learners why they are there, and help them see how their needs will be met by the objectives and/or let the group choose what topics they want to focus on most.
Practical & relevant	Many adults are not interested in knowledge for knowledge's sake: Adult learners like to be told why it's important that they are learning something, and how it can help them personally.	Reduce the time you spend on explaining terminology, theories and models. Make learning problem-oriented: think of stories and situations you can share or that the group can share with each other to make learning as real as possible. (The programs created by the Stroke Network include "application" activities to help you).
Respect	For adult learners, respect means being treated as equals who are able to voice opinions and even challenge ideas. Check your ego at the door & be prepared to give up control sometimes. Build & maintain a rapport with the learners, and create as safe and supportive environment for them. Use positive reinforcement to encourage open & honest dialogue.	Always thank participants for their questions, comments and opinions. ("I'm glad you asked that" or "That's an important point you made" or "thank you for sharing that with us"). If a participant says something that is not true, correct it gently. Instead of saying that's wrong, try "Another way to think about it is… ". Or, "that's a very common perception. Has anyone else heard something different about this?".

KEY POINTS FOR SUCCESSFUL FACILITATION

FACILITATION PLANNING

Don't expect to have everything work smoothly the first time, (or even the 5th time). If something unexpected occurs, adapt on the fly and do your best to keep your sense of humour intact.

As with almost any skill, knowledge and feedback are helpful, but nothing will get you farther, faster than practice, practice, practice! But until you gain that experience, here are some examples of what can happen and what you can do about it.

Think in advance about what you might do if:

- Your technology isn't working.
  (Have the number for tech support on hand, and always bring a paper copy of any presentation that you can talk from; if possible, write key words on a flipchart as you talk.)

- There aren't enough copies of everything. *(bring extra!)*

- The room is uncomfortable temperature. *(have the number for engineering on hand.)*

- There is noise outside that is distracting everyone.
  (If the noise is temporary, pause or take a break. If it's possible, ask that if the noisemakers can move or pause for the duration of your session. If not, laugh about it & encourage everyone to speak up!)

- You got so nervous you missed some points during your opening remarks.
  (Most times you are the only one that would notice. And even if others did, they want you to be successful: Relax and keep going.)

- You got some information wrong.
  (Correct it! You will not lose credibility by admitting you misspoke. It happens all the time. And if someone points it out to you before you realize, thank them for catching your error.)

FACILITATION PLANNING (cont'd)

- You got the group full of challenging people – how can you deal with them all!

  - Endless talker
    Wait for a pause in breath, interrupt & thank for their views. Use body language to discourage individual from talking again soon by avoiding eye contact and turning your body away.

  - Non-participant
    Use extended eye contact and body language to encourage, ask directly if they have something to add, but don't force.

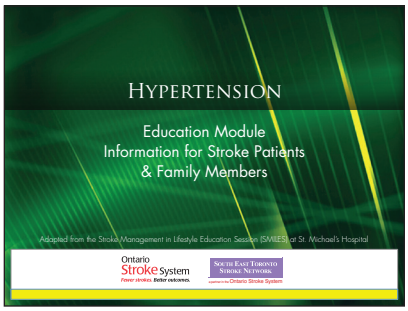
  - Insensitive or rude person
    Don't let the behaviour continue. Interrupt, change the subject or call a break or move to an independent exercise. Speak to the individual off-line and ask them to agree to make specific behaviour changes. Phrase it positively & state the impact:
    "It's important that everyone gets a turn to speak, please wait until you are sure someone has finished speaking before jumping in. Does that make sense to you?"
    or "People are different/have different opinions, and in this session I need everybody to be tolerant of and respectful of those differences. Can you agree to do that going forward?"

  - Know it all
    "You are very knowledgeable about this. Thanks for sharing another perspective"

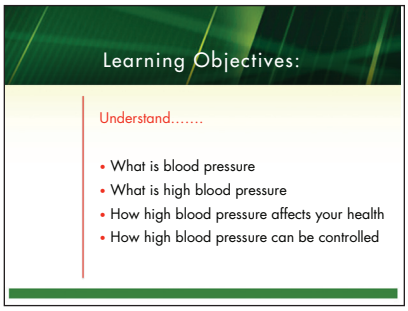
  - Off - topic
    "That's an interesting question. We should talk about this after the session"

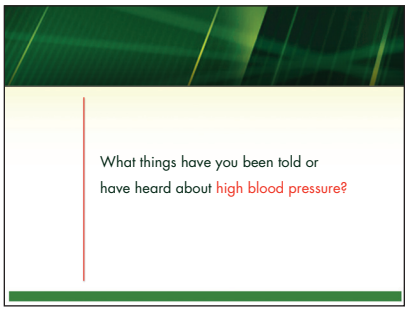
  - Multi-part or confusing question
    "I heard several questions, let's deal with them one at a time.
    I think the first question you are asking is…"

- What other challenges might happen in your particular situation and how would you deal with it?



Welcome and Introduction



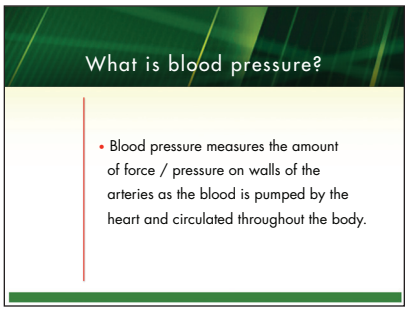


Anchor:

Ask the group members to name 2 things they have been told or have heard about high blood pressure?
Facilitator to write the answers on a flip chart or sticky notes.

Note to the Facilitator:

This is a broad question, it meant to engage with group, without expectation of a correct answer. The phrasing of the question takes the focus away from what they "know" and a perception of testing and instead the focus is on what they have heard or been told. This also allows for clarification of myth & fact and allows the facilitator to assess basic stroke knowledge among participants, as well as language and comprehension skills.
This is an opportunity for the facilitator to provide reassurance and reinforcement that the goal is to learn together and from one another. This task also emphasizes to the group that their participation is valued. Participants should be reminded to ask questions at any time.



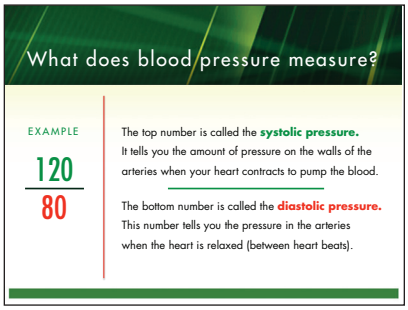
Additional Information:

Everyone has to have some blood pressure because this is how blood gets to the vital organs such as the brain, kidney, liver, and into the muscles. When your blood pressure is measured it shows how much force is placed on the wall of your arteries.

Each time your heart beats it pushes blood into the arteries, and is then carried to various parts of the body, and then is carried back to the heart by veins.

If there is narrowing in the arteries, the heart must pump harder to move the blood through, and this means that there is a higher pressure put upon the walls of the arteries, this can lead to stroke, heart disease, and organ damage (heart, kidneys, brain, liver).

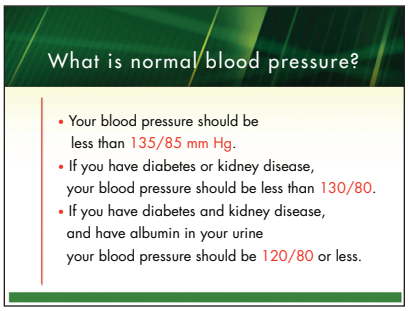
You can use an example such as a garden hose. A kink in the hose can represent an artery clogged with fat deposits resulting in increased pressure.



Additional Information:

The higher number measures the force of the blood against the walls of the arteries when the heart is pumping (contracting) this is called the systolic pressure.

The lower number is called the diastolic pressure. This is the force of blood against the walls of the arteries when the heart is relaxed (it is a measure of the lowest amount of pressure on the arteries).



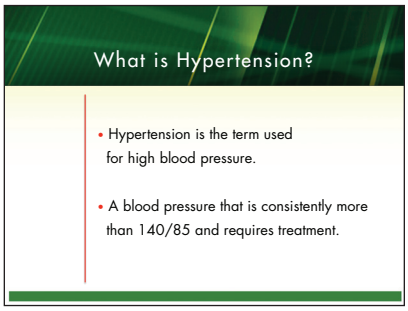
Additional Information:

Albumin in the urine is an indicator of kidney disease associated with diabetes and hypertension. It is also indicator that other vascular complications can develop.

Blood pressure should be measured when you are at rest and not after a big meal. Arm should be positioned on a table at the level of your mid chest.

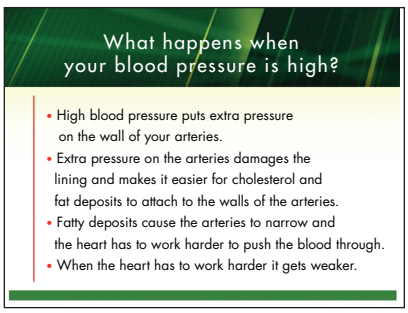
Blood pressure fluctuates. Activities such as exercise, time of day (when you experience increased activity including thinking, planning, problem solving, commuting), may cause a temporary increase in blood pressure.

White coat syndrome. Some people have a temporary rise in blood pressure when it is being taken at the doctor's office.



Additional Information:

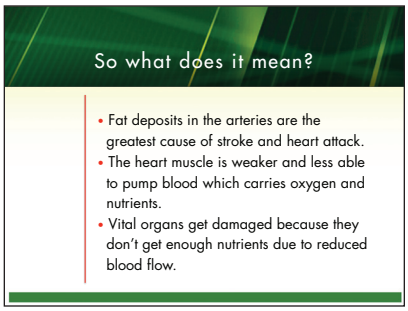
The word hypertension is a medical term for high blood pressure, it has nothing to do with anyone being nervous, anxious or tense.

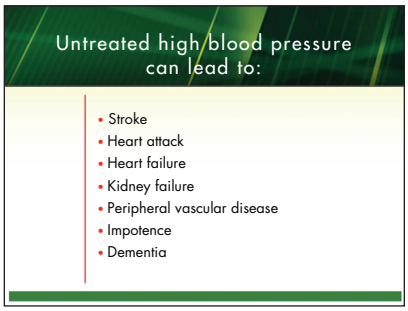


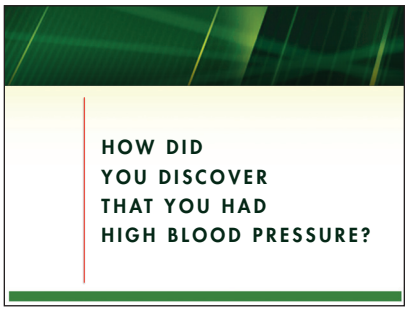
Additional Information:

High blood pressure increases the risk of stroke, heart disease, and organ damage (heart, kidneys, brain, liver). Kidney damage as a result of high blood pressure can occur regardless of age.

The higher the pressure the higher the risk. The risks increase greatly if in addition to hypertension the person smokes, has elevated cholesterol, diabetes or is overweight.







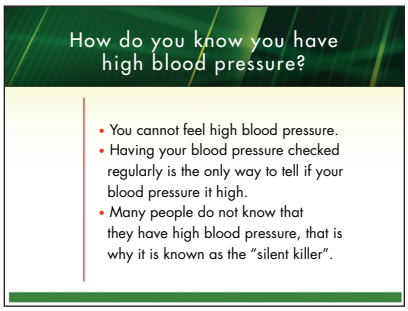
Anchor:

Ask the participants to answer the following question:
How did you discover that you have high blood pressure.

Note to facilitator:

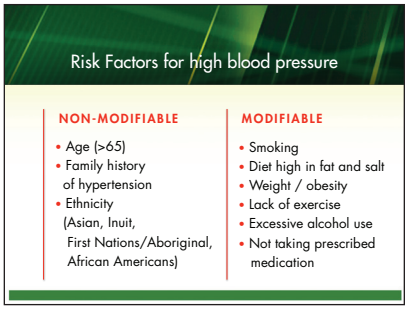
This question will allow everyone to share their personal experience. This discussion will lead to the next slide and this will create the opportunity to emphasize the importance of having blood pressure measured and monitored on a regular basis.

This question can be modified to suit the audience.



Note to facilitator:

Some participants may say that they can feel their blood pressure rising in some stressful situations. While it is true that some situations may cause a person to feel flushed, tense, etc. the only way to really know whether or not your blood pressure is high is to measure it.

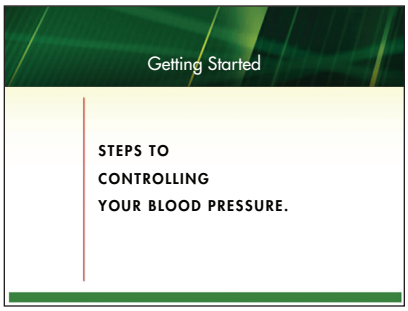


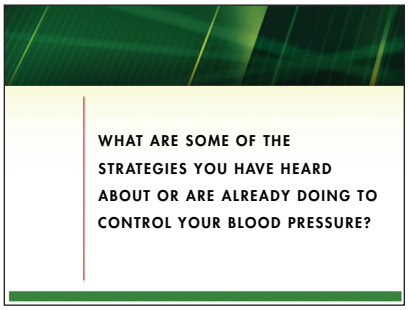
Additional Information:

The good news is that blood pressure can be controlled. Treatment is available. There are also a number of ways you can improve blood pressure through lifestyle changes.

Even though age is listed as a non-modifiable risk factor, Hypertension is not a disease of old age. **Hypertension can occur at any age.** Some of the more serious cases may actually begin at younger ages. The age factor only means that there is even a greater risk of developing high blood pressure when a person is over 65. High blood pressure at any age needs to be treated and controlled.

Hypertension is a medical term for high blood pressure. This is a condition where the blood pressure is consistently above normal. Usually a physician will monitor a patient on several occasions before making the diagnosis of hypertension.



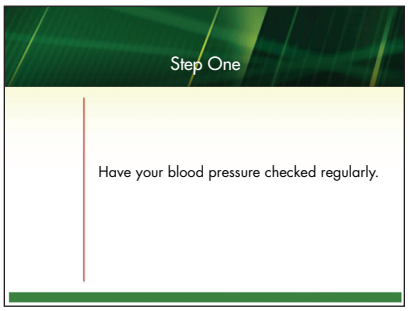


Anchor:

Ask the participants the following question; "What are some of the strategies you have heard about or are already doing to control your blood pressure?"

Note to facilitator:

This question will help to engage the participants and emphasize what they already know, and place the focus on where they have control over their own health. This also gives the facilitator the opportunity to highlight the partnership between the client and the health professional.

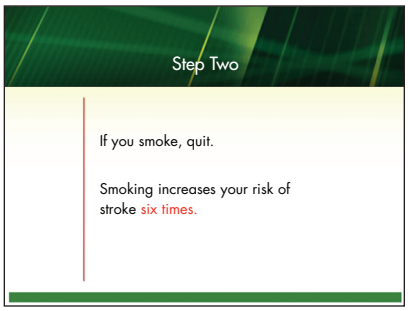


Additional Information:

Your doctor should check your blood pressure at every visit.

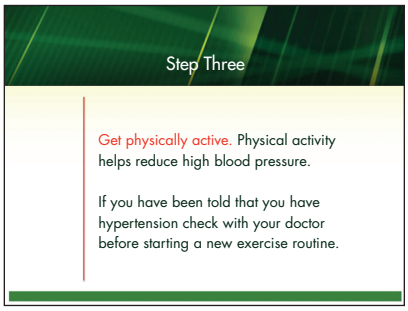
If you have been told that you have high blood pressure, you may wish to consider getting a home monitoring device (more info on this at the end of the presentation).

People who cannot afford a home monitoring device can use the ones in a pharmacy (it is best to use the same machine and to do a comparison to the blood pressure at the doctor's office).



Additional Information:

If you stop smoking you will eliminate one of the most important risks for stroke and heart attack (among other illnesses). But stopping smoking alone is generally not enough to lower blood pressure.

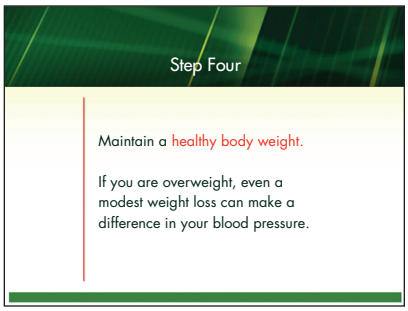


Additional Information:

Be physically active most days of the week.

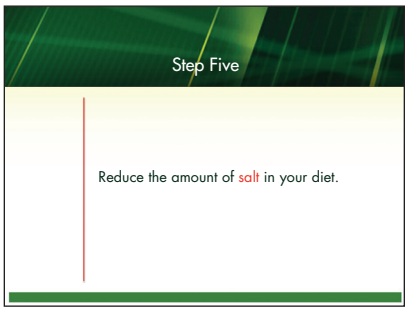
You don't have to jog or run. Walking for 30 – 45 minutes 3 times a week is a good form of exercise.

It is also important to be active on a regular basis. You can also increase your level of activity by walking whenever you can, taking stairs instead of escalators (esp. of you are going up one or two flights), participating in a sport, parking further away from your destination etc.



Additional Information:

Obesity is associated with hypertension. Losing weight, however, does not guarantee that blood pressure will return to normal levels, but it will usually decrease to some degree. Weight loss is important, but in many cases additional treatment is necessary. Thin people can also have high blood pressure.



Application:

Ask the participants the following question.

"What are some ways to reduce salt in you diet?"

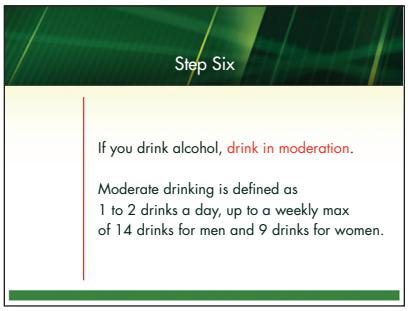
Write each of their responses on a sticky note and post.

Then discuss.

- Avoid processed foods
- Avoid foods high in salt. Read food labels, some foods that you though were healthy such as canned soup and tomato juice are actually high in salt (get the reduced salt variety). When checking labels look for foods that have less that 150 grams of salt per serving.
- Avoid foods that are obviously salty chips, pretzels, pickles, olives, anchovies.

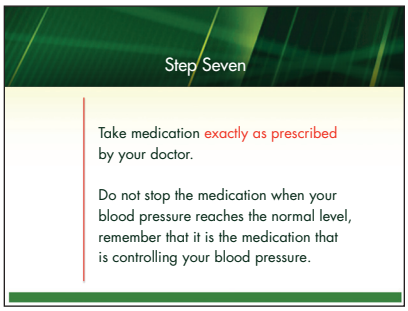
Additional Information:

People who ate less salty food were found to have a 25 per cent lower risk of cardiac arrest or stroke, and a 20 per cent lower risk of premature death.



Additional Information:

If you are in a good state of health you can enjoy an occasional glass of wine, beer or a cocktail. **Check with your pharmacist or doctor before mixing alcohol with medication.** Red wine in particular can interfere with certain medications due to it's chemical composition. Alcohol can significantly alter the effectiveness of certain medication. You should also bear in mind that alcohol can increase blood pressure.



Additional Information:

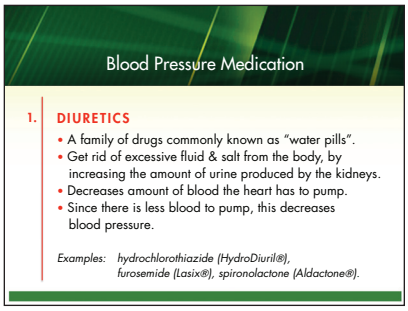
Changes in lifestyle such as exercise, weight reduction, and salt reduction help to reduce blood pressure. However, there are times when adherence to these changes does not reduce blood pressure to be within target levels. In these cases medication is required to control hypertension.

Depending on your particular condition if your blood pressure is very high or if you are diabetic, smoke or have other risk factors your doctor may decide to start you on blood pressure medication as soon as high blood pressure is identified.

Additional Information:

Treatment for hypertension is more than taking your pills and changing your diet. Your blood pressure must be maintained at a level less than 135/85 or 130/80 if you are diabetic or have kidney disease.

If after starting the prescribed course of treatment your blood pressure is above the normal targets your medication regime will need to be adjusted. Treatment adjustments are often needed, and are not out of the ordinary.

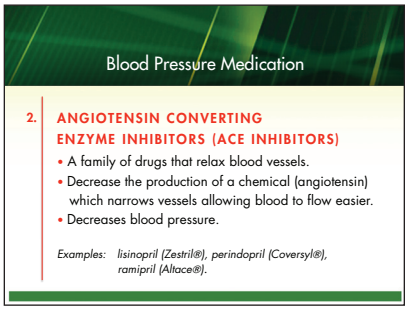


Additional Information:

Diuretics; Commonly know as the "water pill" because they cause increased urination. These pills wash out extra salt or sodium from the body and from blood vessel walls. This allows blood vessels to open up and this reduces blood pressure.

Salt stimulates the brain to secrete Vasopressin which causes the body to retain water. This causes blood pressure to go up and also causes swelling in the tissues (swollen fingers).

Potassium and sodium (salt) have a specific ratio in the body. When this ratio is upset by eating salty food the body retains water to equalize the ratio to dilute the sodium.

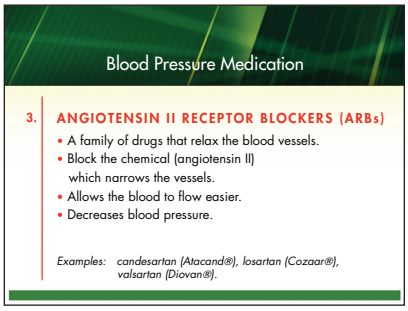


Additional Information:

ACE Inhibitors are a class of drugs that decrease the production of a chemical that cause constriction of blood vessels. These drugs are also useful in slowing the progression of kidney disease and in people with heart failure. They are generally used in combination with other drugs.

The renin-angiotensin system is a complex hormone system that regulates blood pressure and water balance in the body. When sodium levels are low or blood pressure drops this sets into motion the reslease of chemicals that set off a chain reaction causing blood vessels to constrict, blood pressure to increase, and sodium and water to be retained.

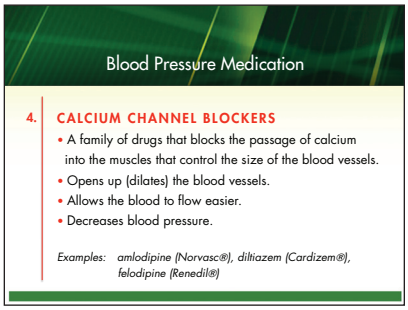
When the renin-angiotensin system is too active, blood pressure will be too high. The class of medication called Angiotensin Converting Enzyme (ACE) Inhibitor interrupt various steps in the renin-angiotensin system to lower blood pressure. These drugs are one of the main ways to control high blood pressure (hypertension) and heart failure.



Additional Information:

Angiotensin II Receptor Blockers:

These medications also decrease the production of a chemical that constricts blood vessels, but in a different part of the chain reaction than the ACE Inhibitors. It is particularly useful in treatment of heart failure, and slowing the progression of kidney disease particularly in people with diabetes.

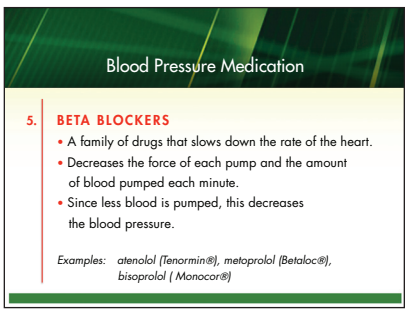


Additional Information:

Calcium Channel Blockers:

These medications prevent calcium from entering the blood vessel walls or heart muscles.

Calcium is necessary for all muscles to contract. The heart is also a muscle and it is surrounded by arteries and small muscles. It is the entry of calcium into these cells that causes the heart to contract and arteries to narrow. Calcium channel blockers are a class of drugs that block the entry of calcium ONLY into the muscles cells of the heart the arteries. It is the entry of calcium into these cells that causes the heart to contract and arteries to narrow. By blocking the entry of calcium, the contraction of the heart is not as severe and the arteries widen. By widening the arteries, these drugs reduce the pressure in the arteries. This makes it easier for the heart to pump blood, and since they widen the arteries, high blood pressure is lowered. Calcium channel blockers also slow the heart rate.



Additional Information:

Beta Blockers:

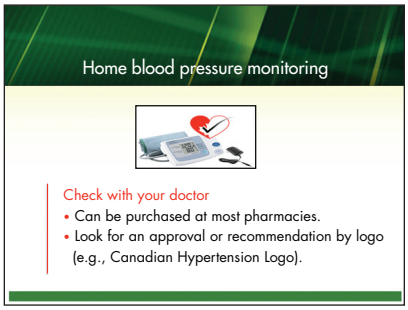
These drugs reduce the effects of adrenaline (a chemical produced in the body that acts as a stimulant). They slow the heart rate and reduce the amount of force it puts out when it contracts. This reduces how hard the heart has to work.

Note to facilitator:

Emphasize the following to the participants:

If you develop a reaction to a medication speak to your doctor about it. Don't just stop taking it. Other medications can be prescribed, just because you had side-effects to one medication doesn't mean you will have them to another.

Do not stop medication based on what you read in the newspaper or hear on TV, always check with the physician that is treating you.



Additional Information:

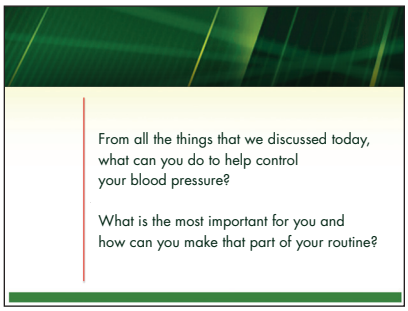
How to measure your blood pressure at home.

The following are recommendation from the Canadian Hypertension Education Program (CHEP):

- Follow the directions that come with the device you have purchased
- Before measuring your blood pressure relax and sit quietly for 5 minutes
- Wait at least 30 minutes after eating a big meal, drinking coffee or smoking
- Put the cuff on a bare arm, not over a sleeve

The size and position of the blood pressure cuff can greatly affect the accuracy of blood pressure readings. The cuff should cover 80% of your arm above the elbow.

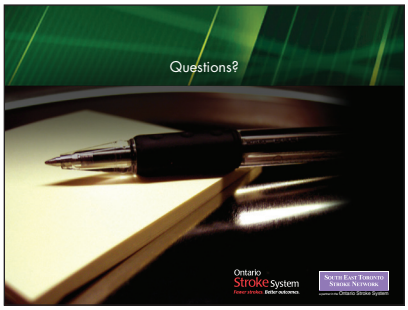
The following also have an effect on blood pressure: overly full bladder, over the counter medication for cough or cold, feeling stressed or anxious, exercise.



Note to facilitator:

This question helps the participants think about how they can incorporate what they have learned into their daily lives.

It will help them apply what they have learned and make the information more meaningful.



FREQUENTLY ASKED QUESTIONS

by Maida Gerskup, Pharmacist

What should I do if I forget a dose of medication?

Take the missed dose as soon as you remember it. However, if it is almost time for the next dose, skip the missed dose and continue your regular dosing schedule. Do not take a double dose to make up for a missed one. Record the date of the missed dose and tell your doctor at your next visit, since missing a dose of medication may alter your blood testing (e.g. Warfarin / Coumadin).
If you miss doses for 2 or more days, call your doctor immediately.

I heard that red wine is good for the heart?

"The Heart and Stroke Foundation of Canada does not recommend that you drink alcohol for the purpose of reducing your risk of heart disease and stroke. For those healthy adults who drink alcohol, consumption should not exceed 2 drinks a day with a weekly limit of 14 drinks for men and 9 drinks for women. Binge drinking should be avoided."
www.heartandstroke.com

Red wine is a particularly rich source of antioxidants. Some research studies have credited a chemical found in red grape skins and seeds with increasing HDL cholesterol (healthy cholesterol) and preventing blood clots and plaque formation.

It is very important to remember that alcohol including red wine can interfere with the effectiveness of certain medication. If you are taking prescribed medication do not drink alcohol unless you check with your pharmacist or physician.

Diseases such as heart disease, high blood pressure, liver disease, high triglycerides, diabetes, peptic ulcers, pancreatitis, gastrointestinal disease and others can be worsened by alcohol.

SUGGESTED HANDOUTS

Note:
The resources listed below are suggestions for handouts to those who attend the Education Session. Please feel free to substitute or add other appropriate resources.

Listed below are some resources you may wish to consider as handouts during this education session. Please be aware that periodically new resources may be added while others resources are updated or discontinued. For updates please check:
www.heartandstroke.ca/resourcecatalogue
http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/index_e.html

Get Your Blood Pressure Under Control	BP – BOOKLET – 101 - F02	English
	BP – BOOKLET – 202 - F06	French
Blood Pressure Wallet Card	BP - CARD – 101 - F06	
Healthy Weight and Active Living	HIS - PAMPHLET – 115 - F06	English
	HIS - PAMPHLET – 247 - F06	French
Hear and Stroke Healthy Habits,Healthy Weight		
	HIS - PAMPHLET - 113 - F06	English
	HIS - PAMPHLET – 245 - F06	French
Taking Control: Lowering Your Risk of Heart Disease and Stroke		
	HIS - PAMPHLET – 121 - F06	English
	HIS - PAMPHLET – 253 - F06	French
	HIS - BROCHURE - 001 - F06	Chinese
	HIS - BROCHURE - 002 - F06	Tamil
	HIS - BROCHURE - 003 - F06	Hindi
Coping with Stress	HIS - PAMPHLET - 107 - F06	English
	HIS - PAMPHLET - 239 - F06	French
Just Breath – Becoming and remaining smoke free		
	HIS - PAMPHLET - 133 - F07	English
	HIS - PAMPHLET - 261 - F07	French

HOW TO ORDER

Printed material for Patients and families can be ordered from Heart & Stroke Foundation of Ontario. There is No Charge for materials or shipping.

Ordering by e-mail: send request to – csor@hsf.on.ca
Ordering by telephone: Call 416-489-7111 ext 389 or ext 428

Provide the following information:

- Name of brochure
- Order code
- Quantity
- Your contact info: Name,
  - Mailing address
  - e-mail
  - Telephone

REFERENCES AND SUPPORTING LITERATURE

Canadian Hypertension Education Program:	http://hypertension.ca/chep/
Canadian Pharmacists Association	www.e-therapeutics.ca
Heart and Stroke Foundation of Canada	www.heartandstroke.com
Hypertension Foundation:	www.hypertensionfoundation.org
Hypertension – High blood Pressure	www.HealthyOntario.com
Wikipedia	http://en.wikipedia.org/wiki/Microalbuminuria

Heart & Stroke Foundation of Ontario. "Get your blood pressure under control" brochure

Heart & Stroke Foundation of Ontario. "Taking Control: Lower your risk of heart disease and stroke" brochure.

Chapman, Neil; Dobson, Joanna; Wilson, Sarah; Dahlof, Bjorn; Sever, Peter S.; Wedel, Hans; Poulter, Neil R. on behalf of the Anglo-Scandinavian Cardiac Outcomes Trial Investigators from the Imperial College (N.C.,J.D.,S.W.,P.S.S.,N.R.P.), London, United Kingdom; the Sahlgrenska University Hospital (B.D.), Goteborg, Sweden; and the Nordic School of Public Health (H.W.) Goteborg, Sweden.

Eap, Chin B.; Bochud, Murielle; Elston, Robert C.; Bovet, Pascal; Maillard, Marc P.; Nussberger, Jueng; Schild, Laurent; Shamlaye, Conrad; Burnier, Michel. From the Unité de Biochimie et Psychopharmacologie Clinique (C.B.E.), Centre des Neurosciences Psychiatriques, Département de Psychiatrie-Centre Hospitalier Universitaire Vaudois, Prilly, Switzerland; Institut Universitaire de Médecine Sociale et Préventive (M.B., P.B.), Lausanne, Switzerland; the Department of Epidemiology and Biostatistics (M.B., R.C.E.), Case Western Reserve University, Cleveland, Ohio; Ministry of Health (P.B., C.S.), Seychelles; Service de Néphrologie (M.P.M., M.B.), and Service d'Angiologie (J.N.), Centre Hospitalier Universitaire Vaudois, Lausanne, Switzerland; and the Département de Pharmacologie et Toxicologie (L.S.), Université de Lausanne, Lausanne, Switzerland. CYP3A5 and ABCB1 Genes Influence Blood Pressure and Response to Treatment, and Their Effect Is Modified by Salt.

Savoia, Carmine; Touyz, Rhian M.; Volpe, Massimo; Schiffrin, Ernesto L. From the Lady Davis Institute for Medical Research (C.S.,E.L.S.) , Sir Mortimer B. Davis-Jewish General Hospital, McGill University, Montreal, Quebec, Canada; Kidney Research Centre (R.M.T.), Ontario Health research Institute, University of Ottawa, Ottawa, Ontario, Canada; Division of Cardiology (M.V.), 2nd Faculty of Medicine, University "Ls Sapienze," Osperdale Sant' Andrea and IRCCS Neuromed, Pozzilli, Italy.
Angiotensin Type 2 Receptor in Resistance Arteries of Type 2 Diabetic Hypertensive Patients.

Schmidlin, Olga; Forman, Alex; Sebastian, Anthony; Morris Jr., R. Curtis. From the Division of Nephrology, Department of Medicine, University of California San Francisco. What Initiates the Pressor Effect of Salt in Salt-Sensitive Humans? Observations in Normotensive Blacks.

Zhang, Rong; Witkowski, Shrah; Fu, Qi; Claassen, Jurgen A.H.R.; Levine, Benjamin D. Cerebral Hemodynamics After Short and Long-Term Reduction in Blood Pressure in Mild and Moderate Hypertension.

ACKNOWLEDGEMENTS

CONTENT EXPERTS

Dr. Neville Bayer	*Neurologist, South East Toronto Stroke Network*
Murray Krock	*Clinical Nurse Specialist, South East Toronto Stroke Network*
Maida Gerskup	*Pharmacist, Bridgepoint Health Centre*

REVIEWERS

Members of the
South East Toronto Regional Stroke Education & Best Practice Implementation Committee

PILOT LEADERS

Murray Krock	*Clinical Nurse Specialist,* *South East Toronto Stroke Network*

WRITERS

Krystyna Skrabka	*Regional Stroke Education Coordinator* *South East Toronto Stroke Network*

Sections contributed by:

Maida Gerskup	*Pharmacist Bridgepoint Health*
Lori Gauld	*Leadership & Staff Development Consultant, St. Michael's Hospital*