

Empowering Solutions

for patient centered care

Spring/Summer 2009, Fourth Edition

New Website!

New Website Launched!

Visit the new [MiMHS.com](http://www.MiMHS.com) website for more information on our evidence-based, practice-tested solutions for hypertension, obesity, and other chronic diseases. The website now features:

- Product information
- Contact information
- Clinical validations
- News & Events
 - » Press Releases
 - » Upcoming webinars
 - » MiMHS featured articles and videos
- International Guidelines
- Implementation procedures
- Training/education
- Online store for purchasing WatchBP Home and replacement MedGem & BodyGem mouthpieces

MiMHS in the News

Microlife Medical Home Solutions announces new innovative and practice-tested solutions designed to reduce healthcare expenditures and improve patient outcomes. View our latest press release:

http://www.mimhs.com/fileadmin/pdf/PR_04202009.pdf

Since May was National Hypertension Month, Microlife Medical Home Solutions was invited to be a part of talk show called **Colorado & Company** which aired on a Denver affiliate NBC station. The topic of discussion was the current status of hypertension prevalence and control rates, and how two progressive family physicians are utilizing the WatchBP solution to improve patient outcomes.

Link to web site and segment - <http://www.9news.com/coco/>

View our press release at - <http://www.mimhs.com/about/news-events/>

May-National Hypertension Month

Currently in the United States, about 73 million people have hypertension. High blood pressure increases the risk for heart disease and stroke, the first and third leading causes of death in the United States. Researchers estimate that high blood pressure will cost more than \$73 billion in direct and indirect costs in 2009. "Home blood pressure monitoring is emerging as a powerful tool for improving the nation's embarrassing poor state of hypertension control," states Dr. Scott Hammond at the annual conference of the Colorado Academy of Family Physicians held in Colorado Springs in April 2009.



Why is home blood pressure monitoring important?

Blood pressure normally varies throughout the day and many things – your emotions, medications, even food and drink – can temporarily affect your blood pressure. Some patients may have higher readings at the doctor's office but normal readings at home – a condition known as white-coat hypertension. Some patients have reverse white-coat hypertension (also known as masked hypertension) – where the readings are normal at the doctor's office but high outside the office.

"The notion that office blood pressures are misleadingly off base in 30% or more of patients comes from multiple studies establishing that at least 20% of the general population have white coat hypertension and another 10% or more have masked hypertension," according to Dr. Hammond.

Dr. Scott Hammond uses the WatchBP system of in-office and out-of-office blood pressure devices at his medical practice in Westminster, Colorado.

Dr. Hammond was one of two Colorado family physicians at the recent family practice conference who described innovative ways they are utilizing HBPM or home blood pressure monitoring in response to the landmark "Call to Action" jointly issued last year by the American Heart Association, the American Society of Hypertension, and the Preventive Cardiovascular Nurses' Association (Hypertension 2008; 52:10-29). Link to article:

<http://hyper.ahajournals.org/cgi/reprint/HYPERTENSIONAHA.107.189011v1>

The importance of home blood pressure monitoring following the recent "Call to Action" guidelines is a lead story in Family Practice News for May 1, 2009. To learn more from a family physician that utilizes the WatchBP system, click on:

<http://download.journals.elsevierhealth.com/pdfs/journals/0300-7073/PIIS0300707309703287.pdf>

Come visit us!

Fall Tradeshows

TAFP

July 15-18 Arlington, TX

Booth #442

Pri-Med New York

August 27-29 New York City, NY

Booth #1235

AAFP

October 14-18 Boston, MA

Booth #2401

FNCE

October 19-23 Denver, CO

Booth #1735

Stop by our booth for a complimentary blood pressure measurement using the new WatchBP Office device. We will also be providing RMR measurements with the MedGem indirect calorimeter.

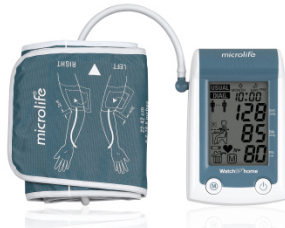
These revenue generating solutions can be easily implemented into your practice to improve your patient's health and your bottom line.

Continued on next page →

What kind of home blood pressure monitor should I use?

The American Heart Association recommends an automatic cuff-style upper arm monitor. The WatchBP Home device has been independently validated by the Association for the Advancement of Medical Instrumentation, the British Hypertension Society and the International Protocol for the Validation of Automated BP Measuring Devices. A list of validated monitors are available on the following websites:

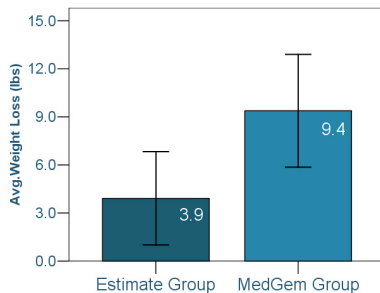
- » [dabl Educational Trust](#)
- » [British Hypertension Society](#)



- » To order a WatchBP Home device or to inquire about our other WatchBP products including the WatchBP Office and WatchBP O3 (24 hr Ambulatory), call 1-800-968-1378.

Article Review

Obesity Facts – European Journal of Obesity – “Employing RMR Technology in a 90-Day Weight Control Program”



Mean weight loss following 12 weeks of active treatment using the MedGem versus estimate.

Link to article:

<http://content.karger.com/ProdukteDB/produkte.asp?Aktion=ShowPDF&ArtikelNr=178026&Ausgabe=244083&ProduktNr=233731&filename=178026.pdf>

WatchWT MedGem Solution Kit

Intermediate Obesity Treatment Solution

Incorporate the WatchWT Obesity treatment solution into your healthcare practice. This turn-key obesity treatment program incorporates measuring RMR with the WatchWT MedGem hand-held indirect calorimeter and systematic instructions on how to implement a cost-effective program into your busy medical practice. The program offers patient assessment tools, standard operating procedures and clinic algorithms, patient education handouts, billing procedures, and promotional materials. These tools help your clinic efficiently and effectively assist your overweight patients achieve successful weight reduction. To learn more about how to integrate the WatchWT Solution in your medical clinic call (303-274-2277) or send email to Susan Drake at Susan.Drake@MiMHS.com.



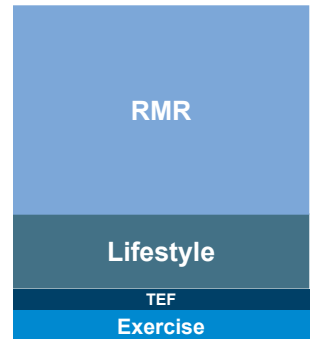
How should I develop my patient's diet plan for weight loss?

Weight loss is the by product of negative energy balance (i.e., burn more calories than consumed). However, what specific diet plan should I use to help my patients? Well, you can choose any diet plan! However, it is not about the diet plan as indicated in a recent study published in the New England Journal of Medicine¹. In fact, it is about the calories! However, first we need to determine how many calories a patient expends before deciding which diet (i.e., substrate composition; fat, carb, protein) plan is best for the patient.

Total Energy Expenditure -TEE

Total energy expenditure (TEE) is the sum total of what a patient calorically expends on a typical day. TEE is comprised of four components.

1. Resting metabolic rate (RMR): RMR represents approximately **70%** of one's daily energy needs.
2. Daily activity (**lifestyle**) accounts for approximately **25%**.
3. Thermic effect of food (TEF) is approximately **5%**.
4. Purposeful **exercise** can increase total energy expenditure by 100-500 Kcals/day, depending on the specific type and duration of the given activity.



Why assess a patient's RMR?

Since RMR is the largest contributing factor to TEE, clinicians need to accurately and reliably assess RMR. Resting metabolism is influenced by a number of factors including:

- Bodyweight
- Muscle weight
- Age
- Gender
- Pregnancy or Lactation
- Hormones

Estimates cannot account for individual variability, pre-existing medical conditions and medications needed to help control various illnesses or chronic diseases. In fact, several studies have indicated RMR can vary up to 500-900 kcals/day among similar (i.e., age, gender, weight, etc.) individuals. In addition, medications can significantly alter RMR physiology.

- Blood pressure lowering medications may decrease metabolism by as much as 15%.
- Anti-Depressants may decrease RMR up to 20%.

To listen to one expert's point of view on measuring RMR, click on:

<http://www.mimhs.com/watchwt/solutions/medgem/overview/wwt-medgem-overview-vid-en/>

In summary, it does not matter which diet a patient should follow for weight loss. The diet plan depends on the amount of calories. Therefore, clinicians should accurately determine a patient's TEE, by way of measured RMR, before determining which diet plan the patient wants to follow.

¹ Sacks, F.M., et al., Comparison of Weight-Loss Diets with Different Compositions of Fat, Protein, and Carbohydrates. N Engl J Med, 2009. 360(9): p. 859-873.

Customer Support: 1-800-968-1378
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