

SCENARIO

You are seeing an internist following a 50 year old woman with mild stable crohn's disease well-controlled on sulfasalazine. Up to now, she has no other medical problems. She new presents with new-onset hypertension. She has no electrolyte abnormalities, her ECG is unremarkable, her renal function is normal and her fasting glucose is 5.0. She is an obese woman with a strong family history of adult-onset of diabetes.

Which anti-hypertensive agent would you choose for first line treatment in this woman. If she is compliant but remains hypertensive on the first agent, what is the second agent you would choose? Would the risk of development of diabetes effect your decision?

Please read the attached paper in formulating your answers.