



PRIORITY CARE BOSTON

Lifestyle Optimization Report

A review of your health data, progress, and next steps

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Your Health at a Glance

A strong foundation, with two priorities that deserve prompt attention

Ella, you have built meaningful strengths: regular running, swimming, yoga and strength training; generally adequate sleep; a resting heart rate near 68; and improved blood sugar, with HbA1c at 5.2%. The most important opportunities are your repeatedly high home blood pressure and reduced kidney function with increasing urine protein. Please contact your clinician today to review the blood pressure readings and medications. If you currently have a severe headache, chest pain, shortness of breath, weakness, confusion or vision changes, seek emergency care. Nutrition, sleep consistency and symptom tracking can support the medical plan. Please tell Priority Care Boston about any missing information or errors.

Problem List

- **Hypertension**
Home readings from July through today have remained well above goal despite documented blood pressure treatment.
- **Chronic kidney disease with protein in the urine**
Recent kidney results show moderately reduced filtration; the recorded stage labels may need updating.
- **Coronary heart disease**
Managed with cardiovascular risk-reduction medications, including clopidogrel and simvastatin.
- **Elevated cholesterol and history of high triglycerides**
LDL and non-HDL cholesterol remain above ideal levels for someone with coronary disease.
- **Recurring fatigue, headaches and joint pain**
Symptoms have varied in intensity since June and should be reviewed alongside blood pressure and kidney health.

- Intermittent bloating and bowel changes
Bloating, constipation and diarrhea have recurred in the symptom log.
- Anxiety and difficulty falling asleep
These symptoms often appeared together in the daily logs.
- Menopausal symptoms
Hot flashes are intermittently logged while using estradiol and progesterone therapy.

Medication List

MEDICATION	HOW TO TAKE	PURPOSE/NOTES
Clopidogrel	75 mg; daily use recently logged	Helps prevent blood clots in coronary disease
Hydrochlorothiazide	25 mg; daily use recently logged	Blood pressure treatment
Amlodipine	5 mg; daily use logged	Blood pressure treatment
Simvastatin	20 mg; schedule not recorded	Lowers cholesterol and cardiovascular risk
Estradiol patch	0.025 mg patch; change twice weekly	Hormone therapy
Progesterone	100 mg; evening use logged	Hormone therapy used with estradiol
Alprazolam	0.5 mg as needed	For anxiety; can cause sedation
Nitroglycerin spray	0.4 mg per spray; follow prescribed directions	Rescue medicine for chest discomfort
Acetaminophen	325 mg; follow prescribed directions	Pain or fever relief

Supplements

SUPPLEMENT	HOW TO TAKE	PURPOSE/NOTES
Vitamin D3	2,000 IU; daily use logged	Supports vitamin D intake and bone health
Magnesium glycinate	Evening use logged; dose not recorded	Reported for general support; review with kidney clinician
Probiotic	Daily use logged; dose not recorded	Often used for digestive support

Six-Month Health Dashboard

HOME BLOOD PRESSURE

176/99

Persistently high since July

Prompt medication and clinical review is recommended

KIDNEY FILTRATION

34.6

mL/min/1.73m2

Down from 36.8 in March

Moderately reduced kidney filtration

BLOOD SUGAR

5.2 %

Improved from 5.6

In the normal range

LDL CHOLESTEROL

112 mg/dL

Near 110 since September

Above the usual goal for coronary disease

MEASURE	LATEST	SIX-MONTH DIRECTION	WHAT IT MEANS
Sleep	6 h 45 min on Sep 12	Variable, often 7-9 hours	Overall duration is often adequate, but short nights recur

Resting heart rate	68 beats/min on Sep 12	Variable, generally mid-60s to mid-70s	A reassuring resting range overall
Heart rate variability	38 ms on Sep 12	Variable	Best interpreted against your own baseline and recovery
Daily steps	3,922 on Sep 11	Highly variable	Many active days, with several low-movement days
Strength training	30 min on Sep 10	More consistent since August	A positive addition for strength and healthy aging

Clinical Assessment

Cardiovascular health is the immediate priority. Ten home readings since July ranged from 139-187 systolic and 96-107 diastolic; today’s reading was 176/99 while amlodipine and hydrochlorothiazide are documented. These values merit same-day contact with your clinician to confirm technique, adherence and the treatment plan. Emergency evaluation is appropriate for concerning symptoms or a reading of 180/120 or higher.

Kidney testing also warrants timely follow-up. Creatinine increased from 3.40 in March to 3.55 mg/dL in May, eGFR decreased slightly to 34.6, and urine albumin-to-creatinine ratio rose to 287 mg/g. This pattern reflects reduced filtration and ongoing protein leakage.

Reassuring findings include normal glucose control, thyroid tests, hemoglobin and platelets. Mildly elevated white blood cells in late May and early June followed a normal value on May 14. LDL remained near 112 mg/dL, which is above the usual prevention target in established coronary disease. Recurring headaches, fatigue, digestive symptoms and sleep difficulty should be reviewed in this broader clinical context.

BIOMARKER	VALUE	DATE	STATUS	TREND
Creatinine	3.55 mg/dL	May 2026	● Out of range	

eGFR	34.6 mL/min/1.73m2	May 2026	Moderate Damage	
Microalbumin/Creatinine, Urine	287 mg/g	May 2026		
Protein, Urine	260 mg/dL	May 2026		
LDL Cholesterol	112 mg/dL	May 2026	Near Optimal	
Triglycerides	135 mg/dL	May 2026	Normal	
HbA1c	5.2 %	May 2026	Normal	
White Blood Cell (WBC) Count, Blood	11.8 10*3/uL	Jun 2026		
TSH	1.33 mIU/L	May 2026	Normal	
ALT	44 U/L	May 2026	Out of range	

The highest-value follow-up is repeat kidney function, electrolytes and urine protein monitoring, together with a blood pressure and medication review. A repeat blood count can confirm that the mild white-cell elevation resolved. Cholesterol treatment and the mildly elevated ALT should also be reviewed in the context of current cardiovascular medications.

Trends and Insights

Several patterns stand out. First, blood pressure stayed high across all ten home checks and rose above 180 systolic twice; this is an observed pattern, not a single outlier. Second, kidney filtration changed only modestly from March to May, while urine albumin increased, making blood pressure control especially important for kidney and heart protection. Third, sleep was often seven to nine hours, but bedtime varied from before 9 p.m. to after midnight and short nights continued; logged difficulty falling asleep frequently overlapped with anxiety, although the logs cannot establish cause. Fourth, activity is a clear strength:

running, swimming, yoga and increasingly regular strength work were recorded. Steps nevertheless ranged widely, suggesting that planned exercise and total daily movement are not always the same. Finally, resting heart rate stayed broadly stable despite fluctuating fatigue, mood and recovery measures.



Lifestyle Review

Your lifestyle foundation includes varied exercise, meaningful strength work, regular health tracking and generally adequate sleep. The greatest opportunities are to align food choices and daily movement with blood pressure and kidney protection, create a steadier sleep rhythm, and use your symptom and mood logs to guide focused conversations rather than trying to change everything at once.

Nutrition

Your food logs show several positives: vegetables appear regularly, many meals provide 18-50 grams of protein, and recent chicken, pasta and roasted vegetables offered a balanced mix with 7 grams of fiber. The limited meal sample also includes frequent high-sodium choices, with logged meals containing about 500-1,450 mg each, plus cheese, fried foods, sauces and breads. Processed meat is reported on five days per week. Given your blood pressure, kidney findings and coronary history, prioritize lower-sodium meals: choose grilled rather than fried proteins, request sauces on the side, and compare labels for bread and

cheese. Gradually replace processed meat with fish, poultry, beans or lentils as medically appropriate. A kidney-informed dietitian or clinician can personalize protein, sodium, potassium and fluid guidance.

POTENTIAL SUPPLEMENTS TO DISCUSS WITH YOUR PROVIDER

- **Vitamin D3: review your current 2,000 IU dose**
May support bone health when intake or blood levels are low. A vitamin D level is not recorded here, so confirm the need and dose before continuing long term, especially with reduced kidney function.
- **Magnesium glycinate: confirm the current dose**
Sometimes used for sleep or muscle support, but magnesium can accumulate when kidney filtration is reduced. Review safety with your kidney clinician rather than increasing it independently.
- **Probiotic: review benefit against your symptom pattern**
Some strains may help selected digestive symptoms, but benefits vary. Because bloating, constipation and diarrhea all recur, discuss whether the current product is helping before continuing or changing it.

Physical Activity

Movement is a major strength. Since June, you have logged running, swimming, yoga and walking, and since August you have added strength training—usually 30 minutes, often two or more times weekly. Running sessions reached 3.85 miles, while swims lasted up to 55 minutes. Daily steps varied from under 1,000 to more than 18,000, so consistency is the next opportunity. Because your current blood pressure is markedly elevated, contact your clinician before vigorous running or heavy lifting; gentle walking may be reasonable if you feel well and your clinician agrees. Once cleared, continue two weekly strength sessions and use a modest daily step floor to reduce very low-movement days.

Sleep

Sleep duration was often in a healthy seven-to-nine-hour range, with both deep and REM sleep recorded regularly. The main challenge is consistency: nights ranged from about 5.5 to 9.5 hours, bedtime varied by

more than four hours, and time awake in bed sometimes exceeded an hour. Difficulty falling asleep was repeatedly logged alongside anxiety, fatigue and occasional hot flashes. Aim for a wake time within the same 30-60-minute window, allow a calming screen-light transition before bed, and avoid pushing bedtime much later after a short night. Track whether steadier timing improves fatigue and headaches. Persistent insomnia, disruptive hot flashes or unrefreshing sleep would be useful topics for follow-up.

Substance Use

Alcohol intake is documented at about two drinks per week, which is below the recorded weekly limit and is a protective pattern. Coffee appears in one food log, but a broader caffeine pattern is not established. With high blood pressure and variable sleep, keep alcohol modest, avoid caffeine late in the day, and note whether either affects sleep, anxiety or next-morning readings. Do not combine alcohol with alprazolam because both can increase sedation. Nicotine, cannabis and other substance use can be revisited privately at a future visit if relevant.

Stress Management

Your mood ratings ranged from 1 to 5 out of 5, and anxiety was logged repeatedly alongside fatigue, sleep-onset difficulty and physical symptoms. Wearable recovery measures such as HRV also varied considerably, but they cannot diagnose a mood or anxiety condition. A strength is your consistent tracking and use of movement, yoga and other varied exercise. Consider a brief daily recovery practice—five minutes of paced breathing, a quiet walk or a short yoga sequence—and keep it small enough to repeat. On difficult days, record one likely demand and one helpful response rather than tracking every possible trigger. Discuss persistent anxiety, low mood or frequent alprazolam use with your clinician so support can be tailored safely.

Social Connection

Relationships, community involvement, caregiving and work-life balance have not yet been captured in the recent health record. At your next visit, consider reflecting on who helps you feel supported, what activities create meaning, and whether current demands leave enough room for recovery. One practical step is to pair a gentle walk or lower-sodium meal with someone you enjoy, allowing connection to reinforce another health goal without adding a separate task.

Your Priority Plan

- 1. Contact your clinician today about the repeated high blood pressure readings**
Confirm your measurement technique, medication schedule and next steps. Seek emergency care for a reading of 180/120 or higher or for severe headache, chest pain, shortness of breath, weakness, confusion or vision change.
- 2. Arrange timely kidney-focused follow-up**
Review creatinine, eGFR and rising urine albumin, with repeat kidney function, electrolytes and urine protein testing as clinically directed.
- 3. Reconcile every medication and supplement**
Confirm doses, timing and consistent use of blood pressure, heart and cholesterol medicines; specifically review magnesium safety with reduced kidney filtration.
- 4. Create a lower-sodium default for most meals**
Choose grilled foods, lighter sauces and lower-sodium breads and cheeses to support blood pressure, kidney and heart health.
- 5. Continue movement, with temporary caution around vigorous exercise**
Use gentle activity if you feel well and seek clinical guidance before running or heavy lifting while blood pressure remains this high.
- 6. Stabilize sleep timing and continue focused symptom tracking**
Track bedtime, wake time, headache, fatigue, anxiety and blood pressure to identify clinically useful patterns without overburdening yourself.

Looking Ahead

Continue the varied movement, strength training, health tracking and balanced meals already working in your favor. The next focus is prompt blood pressure and kidney review, followed by practical sodium reduction and steadier sleep timing. At the next check-in, the most useful updates will be a verified home blood pressure log, reconciled medication list, repeat kidney and urine results, and a brief review of headaches, fatigue, anxiety and digestive symptoms. Your plan can evolve with your goals, preferences and clinical results.

With care and partnership,

Priority Care Boston

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