ABPM should be available to all with hypertension

The Position Paper breaks the demarcation showing the subject’s awake and asleep BP readings in the office but treated patients who have high BP readings in the office but normal readings during usual daytime activities or at night. BP readings outside this setting, i.e. white coat hypertension should have little relevance for clinical practice.

The Position Paper recommends that people with white coat hypertension in whom it is appropriate to apply the term should be identified as required for home BP. Having considered what evidence is available, it recommends so as to allow the accurate and reliable analysis of ABPM data for detailed analysis for research and audit while also supporting the greater use of frequent ABPM and the use of ABPM thresholds for hypertension diagnosis based on ABPM.

Box 1. Thresholds for hypertension diagnosis based on ABPM

<table>
<thead>
<tr>
<th>24-hour average</th>
<th>140/90 mmHg</th>
</tr>
</thead>
<tbody>
<tr>
<td>A asleep (time-average)</td>
<td>120/70 mmHg</td>
</tr>
</tbody>
</table>

When to repeat ABPM in clinical practice

The recommendation as to when ABPM should be repeated was debated at length. However, so many factors influence any recommendation that the question cannot be one of clinical judgement and the availability of ABPM. For example, severe or apparently resistant hypertension, evidence of the presence of target organ damage, the existence of comorbidities, and a bad family history should prompt frequent ABPM. The guide for BP control and management, whereas, mild hypertension and the absence of target organ involvement and other evidence of cardiovascular disease, might call for less frequent ABPM and the use of self BP measurement at home.

Role of Home BP

The Position Paper recommends that ABPM should be performed whenever possible with successive thresholds for hypertension in which it is necessary to confirm the diagnosis of sustained hypertension, i.e. ABPM is more cost effective than any other method of measurement. This has led in investigators to suggest that the most important parameter for predicting outcome is the level of night-time BP, rather than the level of mean daytime BP. Isolated nocturnal hypertension, which may be present in 7% of hypertensive subjects, can only be diagnosed with ABPM.

Box 2. Clinical indications for ABPM

Identifying white coat hypertension phenomena

White coat hypertension in untreated subjects

White coat effect in treated or untreated subjects

False resistant hypertension in treated subjects

Identifying masked hypertension phenomena

Masked hypertension in untreated subjects

Masked uncontrolled hypertension in treated subjects

Identifying abnormal 24-hour blood pressure patterns

Daytime hypertension

Siesta dipping/post-prandial hypertension

Nocturnal hypertension

Dipping status

Morning hypertension and morning blood pressure surge

Obstructive sleep apnoea

Assessment of treatment

Increased blood pressure variability

Abnormal blood pressure control

Identifying true resistant hypertension

Assessing hypertension in the elderly

Assessing hypertension in children and adolescents

Assessing hypertension in pregnant women

Assessing hypertension in high-risk patients

Identifying ambulatory hypertension

Identifying blood pressure patterns in Parkinson’s disease

Endocrine hypertension

European Society of Hypertension Position Paper on Ambulatory Blood Pressure Monitoring
