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AMBULATORY MONITORING FOR 24 HOURS AS METHOD TO EVALUATE BLOOD PRESSURE CONTROL

Objective: To evaluate the agreement in blood pressure control in hypertensive patients between office blood pressure measurement and Ambulatory monitoring for 24 hours (AMBP).

Methodology: Design: Cross sectional study. Subject: 165 subjects (54% women) hypertensive patients chosen by consecutive sampling, 62,8 years mean aged.

Measurement: Age, sex, office blood pressure two times (1^a and 2^a five minutes later), and ambulatory monitoring for 24 hours.

Criteria good control blood pressure: Office Blood pressure (BP) <140/90 mmHg, AMBP: mean BP 24h <125/80 mmHg, mean BP activity < 135/85 mmHg and mean BP rest <120/75 mmHg.

Results: Office blood pressure 1^a measurement: 158,2/87,9 mmHg, Office blood pressure 2^a measurement: 151,9,4/86 mmHg, AMBP activity: 129,9/78,1 mmHg, AMBP rest: 116,9/66,5 mmHg and AMBP 24h: 126,3/74,6 mmHg. We found a stronger correlation between AMBP and office diastolic blood pressure (DBP) ($r=0.66$) than office systolic blood pressure (SBP) ($r=0.56$). The 1^a measurement of office blood pressure (SBP and DBP) is higher than 2^a measurement ($p<0.05$). Office blood pressure (1^a and 2^a measurement) are higher than AMBP ($p<0.05$). Blood pressure control was with office blood pressure 1^a measurement 16.4%, office blood pressure 2^a measurement: 28.5%, AMBP activity: 57,3%, AMBP rest: 56,8% and AMBP 24 hours: 41,5%.

Conclusions: The first measurement of office blood pressure overestimate the blood pressure. The office blood pressure is significantly higher than AMBP and the blood pressure control is worse if we only used office blood pressure. The AMBP is a useful method to evaluate the blood pressure control in hypertensive patients..