

Topic: Family Practice Research

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Office blood pressure or ambulatory blood pressure monitoring. Which is better to blood pressure con

L. Garcia-Ortiz (Primary Care Research Unit La Alamedilla) - M. Gomez-Marcos (Primary Care Research Unit La Alamedilla) - L. Gonzalez-Elena (Primary Care Research Unit La Alamedilla) - A. Gonzalez-Garcia (Primary Care Research Unit La Alamedilla) - . Garcia-Garcia (Primary Care Research Unit La Alamedilla)

Objective: To evaluate the rate of hypertensive patients with blood pressure controlled if we use the first or second blood pressure measurement in office or ambulatory blood pressure monitoring . Method: Design, Setting and Participant: Cross sectional study. Everybody hypertensive patient with ambulatory blood pressure monitoring in two primary care centres was select . We analysed 165 patients, (51,5% women), Mean age 63,9. Main outcome measurement: Age, sex, office blood pressure (two measures), systolic (SBP) and diastolic (DPB), and 24-h ambulatory blood pressure monitoring. (ABPM). Criteria good control: Office blood pressure < 140/90 mmHg. Ambulatory blood pressure monitoring: BP 24h <125/80 mmHg, BP awake <135/85 mmHg, BP asleep <120/75 mmHg. Results: The office blood pressure 1^a measure was: SBP: 158,18 (IC95%:155÷162) and DBP: 87,96 (IC95%:86÷90) and 2^a measure: SBP: 151,89 (IC95%:149÷155) and DBP: 86,02 (IC95%:84÷88).ABPM was in awake: SBP: 129,91 (IC95%:128÷132) and DBP: 78,12 (IC95%:77÷80), in asleep: SBP: 116,96 (IC95%:115÷119) and DBP: 66,55 (IC95%:65÷68), and 24 hours: SBP: 126,30 (IC95%:124÷128) and DBP: 74,58 (IC95%:73÷76). We found a positive correlation between AMBP and systolic office blood pressure 2^o measure (r= 0,58) and DBP 1^a measure (r=0,66). Blood pressure controlled was with office blood pressure in 1^a measure 16,4%, in 2^a measure 28,5%, ABPM awake 57,3%, ABPM asleep 56,8% and ABPM 24h 41,5%. Conclusions: The office blood pressure 1^a measure overestimate the blood pressure . Blood pressure control is worse with office blood pressure than ambulatory blood pressure monitoring. ABPM is a good method to evaluate the blood pressure control