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Ambulatory Blood Pressure Monitoring in Clinical Practice: A Review

OTHER LITERATURE TYPE ENGLISH OPEN

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Publisher: Columbia University

Identifiers: [doi: 10.1016/j.amjmed.2014.07.021](#), [doi: 10.7916/d86m375c](#), [pmc: PMC4877527](#)

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REFERENCES

Ambulatory blood pressure monitoring in clinical practice: a review.

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Author information ▸

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Review

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Abstract

Ambulatory blood pressure monitoring offers the ability to collect blood pressure readings several times an hour across a 24-hour period. Ambulatory blood pressure monitoring facilitates the identification of white-coat hypertension, the phenomenon whereby certain individuals who are not taking antihypertensive medication show elevated blood pressure in a clinical setting but show nonelevated blood pressure averages when assessed by ambulatory blood pressure monitoring. In addition, readings can be segmented into time windows of particular interest, for example, mean daytime and nighttime values. During sleep, blood pressure typically decreases, or dips, such that mean sleep blood pressure is lower than mean awake blood pressure. A nondipping pattern and nocturnal hypertension are strongly associated with increased cardiovascular morbidity and mortality. Approximately 70% of individuals have blood pressure dips of >10% at night, whereas 20% have nondipping

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Ambulatory Blood Pressure Monitoring in Clinical Practice: A Review

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Abstract

Ambulatory blood pressure monitoring offers the ability to collect blood pressure readings several times an hour across a 24-hour period. Ambulatory blood pressure monitoring facilitates the identification of white-coat hypertension, the phenomenon whereby certain individuals who are not on antihypertensive medication show elevated blood pressure in a clinical setting but show non-elevated blood pressure averages when assessed by ambulatory blood pressure monitoring. Additionally, readings can be segmented into time windows of particular interest, e.g., mean daytime and nighttime values. During sleep, blood pressure typically decreases, or dips, such that mean sleep blood pressure is lower than mean awake blood pressure. A non-dipping pattern and nocturnal hypertension are strongly associated with increased cardiovascular morbidity and mortality. Approximately 70% of individuals dip $\geq 10\%$ at night, while 30% have non-dipping patterns, when blood pressure remains similar to daytime average, or occasionally rises above daytime average. The various blood pressure categorizations afforded by ambulatory blood pressure monitoring are valuable for clinical management of high blood pressure since they increase accuracy for diagnosis and the prediction of cardiovascular risk.

Keywords

high blood pressure; ambulatory blood pressure monitoring; white-coat hypertension; masked hypertension; nocturnal blood pressure