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Turner, J. Rick; Viera, Anthony J.; Shimbo, Daichi;

Publisher: Columbia University

Identifiers: ☑ doi: 10.1016/j.amjmed.2014.07.021, ☑ doi: 10.7916/d86m375c, ☑ pmc:

PMC4877527

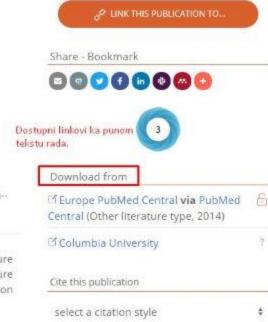
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Subject: Ambulatory blood pressure monitoring | Hypertension-- Diagnosis | Hypertension--

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INTRODUCTION

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CONCLUSION

REFERENCES

Acknowledgments Footnotes

Ambulatory blood pressure monitoring in clinical practice: a review.

Turner JR1 , Viera AJ2, Shimbo D3

Author information >

The American Journal of Medicine, 12 Aug 2014, 128(1):14-20

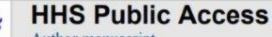
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Abstract

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 assessed discrete 1000 at sinks whence 2000 have and discine



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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 ≥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