

#### EDITOR-IN-CHIEF

JOHN HICKNER, MD, MSc Professor Emeritus Michigan State University College of Human Medicine

### ASSOCIATE EDITOR

RICHARD P. USATINE, MD University of Texas Health, San Antonio (Photo Rounds)

#### **ASSISTANT EDITORS**

DOUG CAMPOS-OUTCALT, MD, MPA University of Arizona

RICK GUTHMANN, MD, MPH Advocate Illinois Masonic Family Medicine Residency, Chicago

GARY KELSBERG, MD, FAAFP University of Washington, Renton

COREY LYON, DO University of Colorado, Denver

KATE ROWLAND, MD, MS
Rush-Copley Medical Center, Chicago

E. CHRIS VINCENT, MD

University of Washington, Seattle
SAMINA YUNUS, MD, MPH

Cleveland Clinic, Chagrin Falls, OH

## **EDITORIAL BOARD**

FREDERICK CHEN, MD, MPH
University of Washington, Seattle

MARK S. JOHNSON, MD, MPH Howard University College of Medicine Washington, DC

JEFFREY T. KIRCHNER, DO, FAAFP, AAHIVS Penn Medicine/Lancaster General Hospital, PA

TRACY MAHVAN, PHARMD University of Wyoming, Laramie

MICHAEL MENDOZA, MD, MPH, MS, FAAFP University of Rochester, NY

FRED MISER, MD, MA

The Ohio State University, Columbus

MICHAEL RADDOCK, MD
The MetroHealth System, Cleveland, OH

KATE ROWLAND, MD, MS

Rush-Copley Medical Center, Chicago

LINDA SPEER, MD University of Toledo, OH

# DIRECT INQUIRIES TO:

Frontline Medical Communications 283 - 299 Market St. (2 Gateway Building), 4th Floor Newark, NJ 07102 Telephone: (973) 206-3434 Fax: (973) 206-9378

Have a comment or feedback?

Email: jfp.eic@gmail.com

# **EDITORIAL**

John Hickner, MD, MSc Editor-in-Chief jfp.eic@gmail.com doi: 10.12788/fp.0405



# Home BP monitoring is essential

believe that the most important recommendation from the American Heart Association in recent years is to confirm office blood pressure (BP) readings with repeated home BP measurements, for both diagnosis and management of hypertension. Office BPs are notoriously inaccurate, because it is exceedingly dif-

Office BPs are notoriously inaccurate, because it is exceedingly difficult to measure BP properly in a busy office setting.

ficult to measure BP properly in a busy office setting. Even when measured correctly, the office BP does not accurately reflect a person's BP throughout the day, which is the best predictor of cardiovascular damage from hypertension.

Among the problems with relying on office BP readings:

We would treat many people for hypertension who are not hypertensive, because 15% to 30% of those with elevated office BP readings have

"white-coat" hypertension, which does not require medication. White-coat hypertension can only be diagnosed with home BP readings or 24-hour ambulatory BP monitoring.

We would miss the diagnosis of hypertension in patients with "masked" hypertension—that is, people who have normal BP in the office but elevated ambulatory BP. It is estimated that 12% of US adults have masked hypertension.<sup>2</sup>

We would overtreat some patients who have hypertension and undertreat others, since office BP measurements can *under* estimate BP by an average of 24/14 mm Hg and *over* estimate BP by an average of 33/23 mm Hg.<sup>3</sup>

In this issue of *JFP*, Spaulding and colleagues<sup>4</sup> provide an extensive summary of the research that supports the recommendation for home BP measurements. Here are 3 key takeaways:

- 1. Use an automated BP monitor to measure BP in the office. Automated BP monitors that take repeated BPs over the course of about 5 minutes and average the results provide a much better estimate of 24-hour BP. It is worth the extra time and may be the only basis for making decisions about medications if a patient is unwilling or unable to take home BP readings.
- 2. Provide training to patients who are willing to monitor their BP at home. Explain how to take their BP properly and instruct them to record at least 12 readings over the course of 3 days prior to office visits.
- 3. Recommend patients use a validated BP monitor that uses the brachial artery for measurement, not the wrist (visit www.stridebp.org/bp-monitors and choose "Home").

# References

- Wang YC, Shimbo D, Muntner P, et al. Prevalence of masked hypertension among US adults with non-elevated clinic blood pressure. Am J Epidemiol. 2017;185:194-202. doi: 10.1093/aje/kww237
- 3. Kallioinen N, Hill A, Horswill MS, et al. Sources of inaccuracy in the measurement of adult patients' resting blood pressure in clinical settings: a systematic review. *J Hypertens*. 2017; 35:421-441. doi: 10.1097/HJH.00000000001197
- Spaulding J, Kasper RE, Viera AJ. Hypertension—or not? Looking beyond office BP readings. J Fam Pract. 2022;71:151-158. doi: 10.12788/ifp.0399