



Service Priorities and Programmes
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Application of Ambulatory Blood Pressure Monitoring (ABPM) in General Out-Patient Clinics in Kowloon Central Cluster

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Introduction

Ambulatory blood pressure (BP) measurement provides better prognostic information about cardiovascular disease than office BP measurement. 1, 2 International guidelines on hypertension management recommends Ambulatory blood pressure monitoring (ABPM) in establishing diagnosis of hypertension or monitoring BP control in existing hypertensive patients. ABPM service is available in Kowloon Central Cluster (KCC) General Outpatient Clinics (GOPCs) to assist the diagnosis of hypertension and monitoring of BP control in hypertensive patients.

Objectives

To evaluate ABPM utilization and characteristics of patients undergone this investigation.

Methodology

The medical records of all patients who had ABPM done from 1/12/2016 to 30/11/2017 in five GOPCs of KCC were reviewed through the Computerized Medical System(CMS).The demographic data of the patients, the blood glucose status, the BP reading on the date of ABPM ordered, comorbidities, the indications of ABPM and the diagnosis after ABPM were reviewed.

Result

There were 349 patients with ABPM done during the study period. 226 (65%) were female and 123 (35%) were male. They were aged 19-94 year-old. 71 (20%) with diabetes mellitus and 57 (16%) with impaired glucose tolerance or impaired fasting glucose. For the indications for ABPM, 161 (46%) were for establishing diagnosis of hypertension and 188 (54%) were for monitoring of hypertension control.

In the group for establishing diagnosis of hypertension, 67.1% were female and 32.9% were male. The age distributions were 9(5.6%) below 40 years old, 88(54.7%) between 40 years old and less than 65 years old, and 64(39.8%) older than or equal to 65 years old (39.8%). 96 (60%) were diagnosed with hypertension, 54 (34%) were white coat hypertension only and 11 (7%) failed ABPM. For patients diagnosed to have white coat hypertension, 40(74%) were female and 14(26%) were male. For those whose ABPM were indicated for monitoring of hypertension control, 62.8%

were female and 37.2% were male. The age distributions were 2(1.1%) below 40 years old, 72(38.3%) between 40 years old and less than 65 years old, and 114(60.6%) older than or equal to 65 years old.

98 (52%) were noted to have suboptimal BP control, 75 (40%) were with optimal BP control and 15 (8%) failed ABPM. For patients having optimal BP with white coat component, 49(65.3%) were female and 26(34.7%) were male.

65 patients with ABPM ordered when their clinic BPs were