

Clinical application of ambulatory blood pressure monitoring in primary care

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Introduction

- 20-30% of patients who are found to be hypertensive in clinics can be normotensive in other settings
- Diagnosing patients with white-coat hypertension (HT) allows reduction in antihypertensive use
- Hypertensive patients with apparent white-coat effect may still have suboptimal blood pressure (BP) control
- Ambulatory blood pressure monitoring (ABPM) is useful in guiding physicians in diagnosing and treating patients with suspected white-coat HT
- With the implementation of Risk Assessment and Management Programme – Hypertension (RAMP-HT) in 2011, ABPM was introduced as a new clinical assessment tool in KEC GOPCs

Objectives and Methodology

- **Objectives**

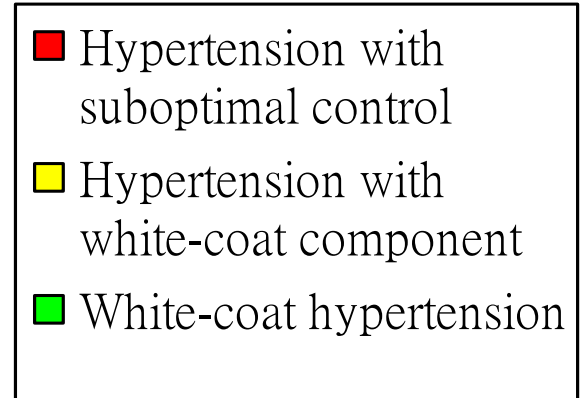
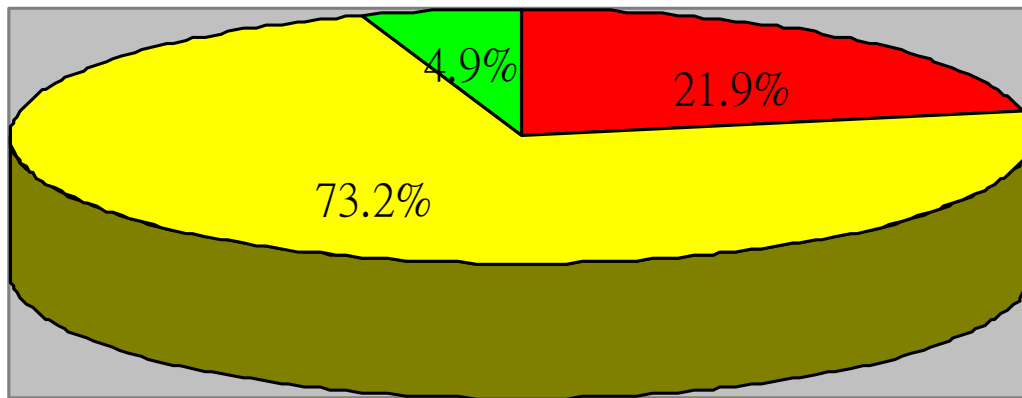
- To evaluate the ABPM results of patients under RAMP-HT in 2 KEC GOPCs
- To improve the outcomes of hypertensive patients in KEC GOPCs

- **Methodology:**

- Clinical data of all patients with ABPM performed from 1st October 2011 to 30th November 2013 in 2 GOPCs were retrieved and reviewed

Results

- 246 ABPM were performed within the period
- ABPM findings



- 8 patients were suspected to have obstructive sleep apnoea (OSA) resulted in absence of nocturnal dip in ABPM
- Mean drop in 9 mmHg systolic BP and 4 mmHg diastolic BP respectively ($p < 0.001$) at last visit after drug regimen adjustment according to ABPM results

Conclusion

- ABPM can be easily performed in primary care.
- It can assist family physicians to optimize the BP control of hypertensive patients and reduce the referrals to secondary care.

