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AMBULATORY MONITORING OF BLOOD PRESSURE

ABSTRACT:

Hypertension is the commonest chronic medical condition and depending upon the criteria for diagnosis, it can be said to be present in 20-30% of the adult population. High blood pressure is associated with the development of atherosclerotic vascular disease and an increased risk of cardiovascular morbidity and mortality. Values derived from 24 h blood pressure measurements are more able to closely predict target organ damage than conventional clinic or casual measurements.

Ambulatory monitoring is increasingly used for the assessment of blood pressure due to the availability of reliable, non invasive automatic devices. Despite the recognition of blood pressure variability over 24 h, characterization of an individual as "normotensive" or "hypertensive" is still based upon a reading taken at a single time point in any 24 h period in routine clinical practice.

In some individuals blood pressure does not fall at night (nondippers) and they have higher incidence of cardiovascular complications. Prevalence of nondippers is 22 % among men and a 21% prevalence among women.

The circadian pattern is directly related to the time of waking with pronounced peak in the first 3 h and the with peak incidence for myocardial ischemia, myocardial infarction and sudden death at that time.

Blood pressure variability had higher rates of both target organ damage and left ventricular mass index, irrespective of the blood pressure level.

AMKP can evaluate the consistency and smoothness of the blood pressure response to antihypertensive drug therapy involves calculating the trough:peak ratio of the drug.

KEY WORDS: ambulatory monitoring of blood pressure, hypertension