

WELL CONTROLLED RATES ARE HIGHER IN THE OFFICE THAN BY ABPM

DATA FROM THE “LIVE BELOW 140/90 MMHG” PROGRAM

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On behalf of the Hungarian Society of Hypertension Working Group

In 2005 the Hungarian Society of Hypertension started a new program called “Live below 140/90 mmHg” for every hypertensive patients in Hungary.

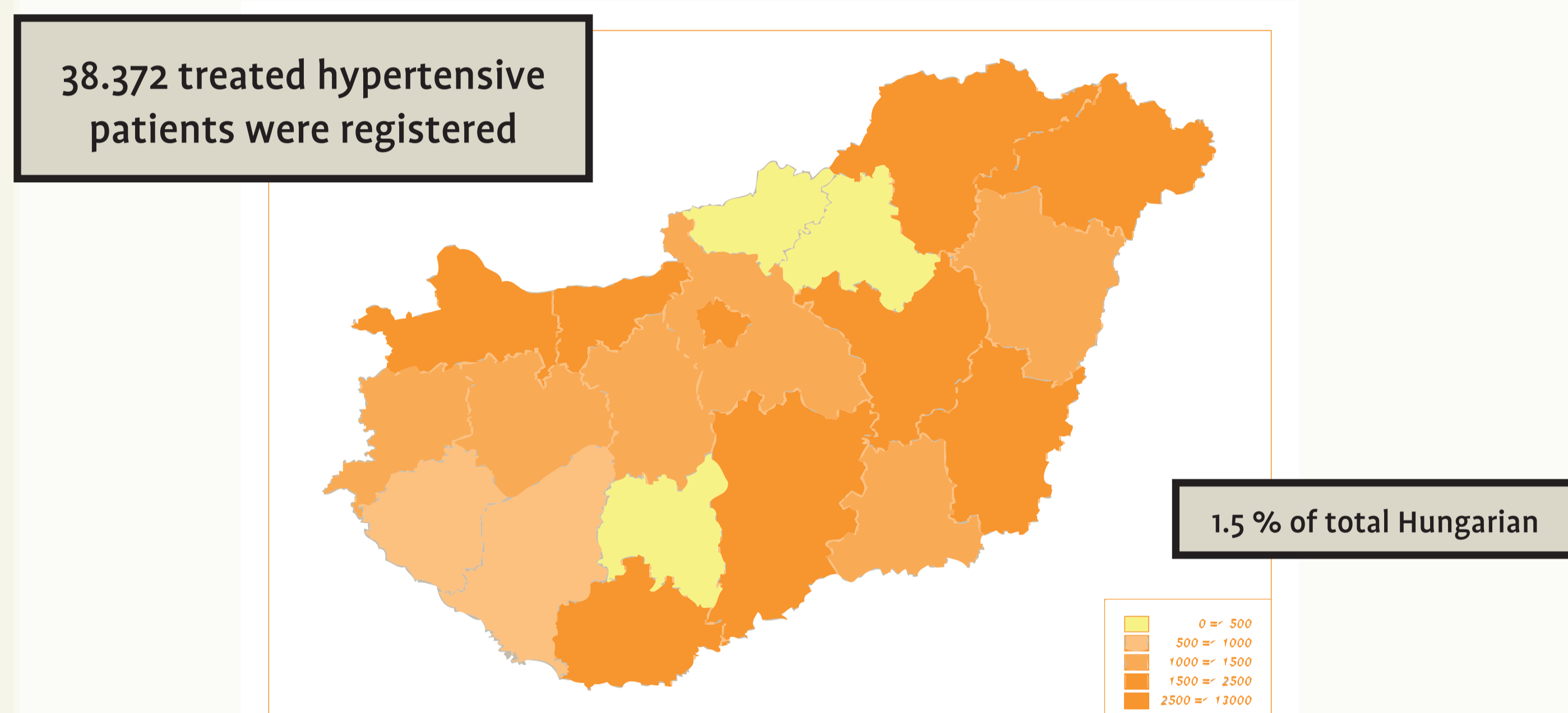
The aim of this program is to increase the hypertensive patients’ concordance with a help of non-medical possibilities. The data of the patients were collected into the **Hungarian Hypertension Registry**.

We analyzed the data of participated hypertensive patients from the aspects of measured blood pressure in the office and by ABPM.

Objectives: In the year of 2005 from 38,372 treated hypertensive patients (9340 with diabetes) involved in the LIVE BELOW 140/90 program, we collected ABPM data of 2,210 patients (607 with diabetes) to compare the well controlled rates (WCRs) measured in the office (OBP) or by ABPM.

Methods: OBP and ABPM were measured according to 2003 ESH/ESC Guidelines and 2005 Hungarian Society of Hypertension Guidelines.

Geographic distribution of patients participated in this survey



Distribution of the measured blood pressure

Ambulatory blood pressure monitoring

Systolic 24 hours	% incidence	Diastolic 24 hours	% incidence
125 mmHg	18,8	<80mmHg	38,5
125-134,9 mmHg	23,2	80-84,9 mmHg	21,7
135-144,9 mmHg	27	85-89,9 mmHg	13,9
>150 mmHg	31	>90mmHg	25,9

58% of patients have not reached the systolic target (135 mmHg) and 39.8% of them the diastolic target (85 mmHg)

Results

Blood pressure (average ± SD)

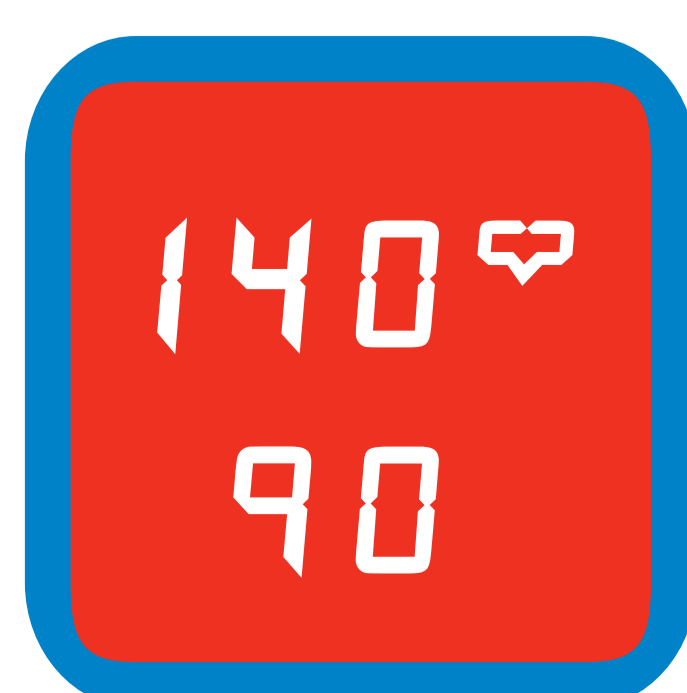
	SBP	DBP	Both	SBP	DBP	Both
Non diabetics' BP	140.1 (±16.7)	83.7 (±9.3)	-	136.7 [#] (±15.3)	81.1 [#] (±10.8)	-
Non diabetics' WCR (%)	42.9 [*]	65.1	39.3	18.8 [#]	38.5 [#]	15.5 [#]
Diabetics' BP	142.5 [*] (±17.0)	84.2 [*] (±9.7)		141.3 [*] (±16.3)	82.2 [*] (±11.4)	
Diabetics' WCR (%)	15.7 [*]	17.4 [*]	7.5 [*]	13.3 ^{##}	35.4 ^{##}	11.0 ^{##}

Significant (p<0.05) difference #: from Office BP *: from non-diabetic patients

Conclusions:

ABPM values were significantly lower than OBP. Both, office BP and ABPM values of diabetics' were higher than those in non-diabetics. WCRs were lower by ABPM than by OBP, and lower in diabetics than in non-diabetics. Differences in WCR values between OBP and ABPM points to the significance and importance of ABPM in the definition and characterisation of well controlled patients.

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ALATT!

