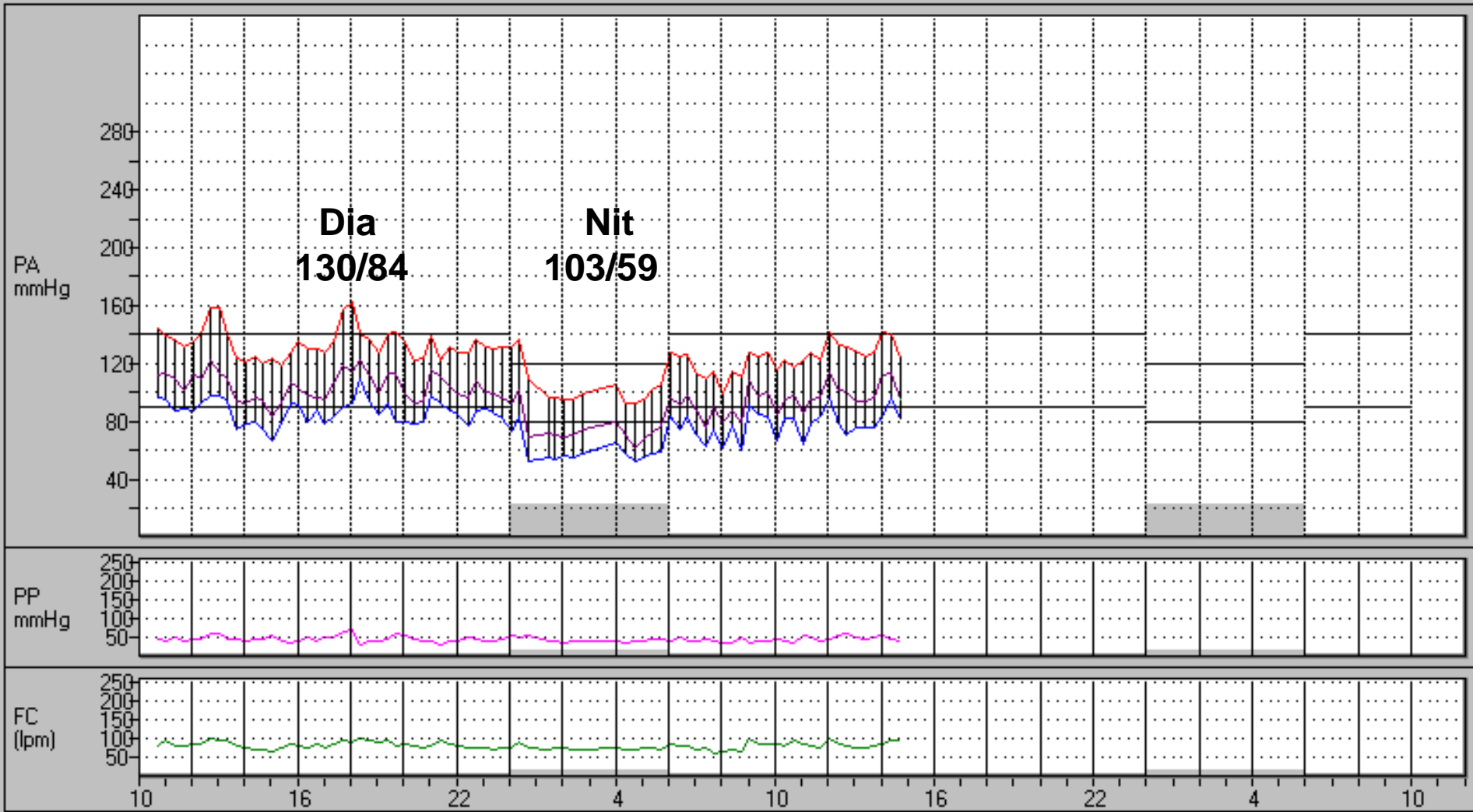


# Pressió ambulatoria en els hipertensos

Gráfico datos sin procesar



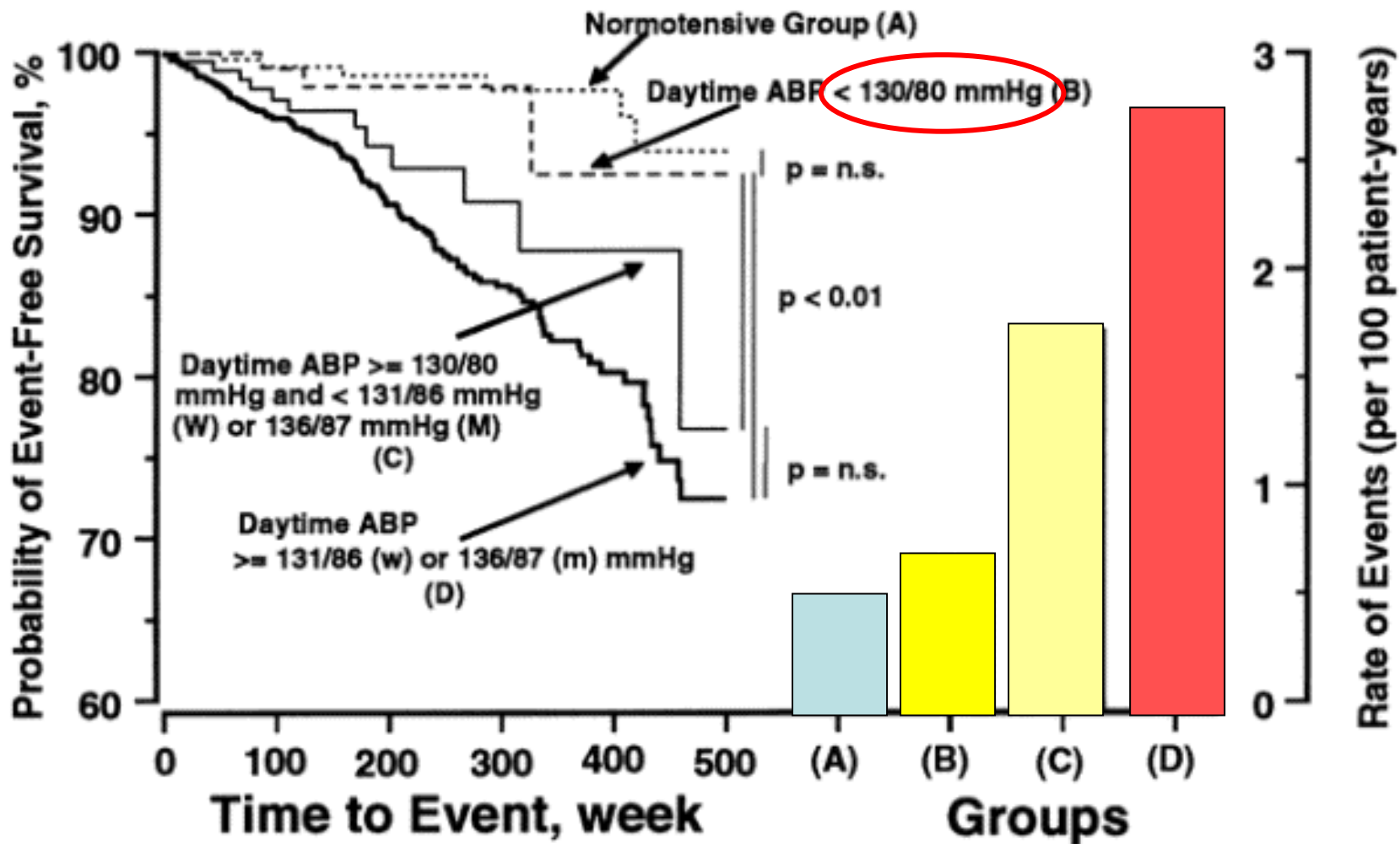
Para obtener ayuda, presione F1

Usuario conectado: Vinyoles,Ernest (EVB)

# Morbimortalidad CV

## Normotensos vs HCA vs HTA sostenida

1.564 HTA estadio I; Seguimiento 10 años



Verdecchia P. Hypertension 2000; 35: 844-851.

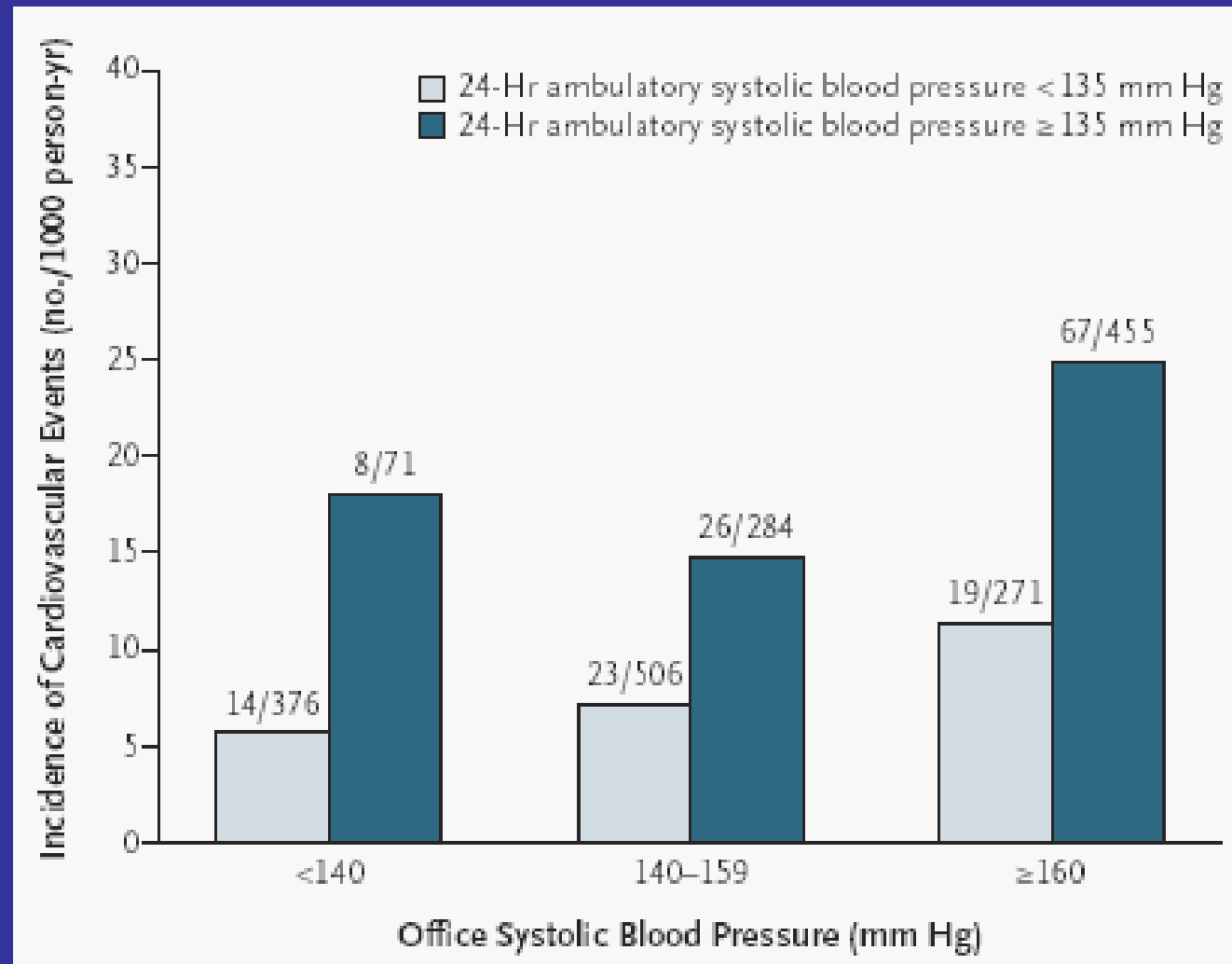
# VALORS MITJANS DE PA AMBULATÒRIA

Table 5 Blood pressure thresholds (mmHg) for definition of hypertension with different types of measurement

	SBP	DBP
Office or clinic	140	90
24-hour	125–130	80
Day	130–135	85
Night	120	70
Home	130–135	85



# La PA ambulatoria prediu ECV fins i tot després d'ajustar per FRCV i per PA clínica



1.963 hipertensos tractats

Seguiment 5 a.

## INDICACIONS

- Sospita d'hipertensió clínica aïllada (o HTA de «bata blanca»).
- Sospita d'hipertensió nocturna.
- Avaluació del fenomen de «bata blanca» en hipertensos tractats i mal controlats.
- Estudi de la HTA resistent (triple teràpia en la dosi òptima, una d'elles un diürètic, i deficient control tensional).
- Sospita d'hipotensió simptomàtica en pacients en tractament farmacològic.
- Avaluació de la possible retirada, o disminució de dosi, de fàrmacs antihipertensius.
- Sospita d'hipertensió emmascarada (pacient amb xifres tensionals normals a la consulta, però mal control tensional a fora)<sup>1</sup>.
- Hipertensió a l'embaràs.

# cardiorisc mapapres

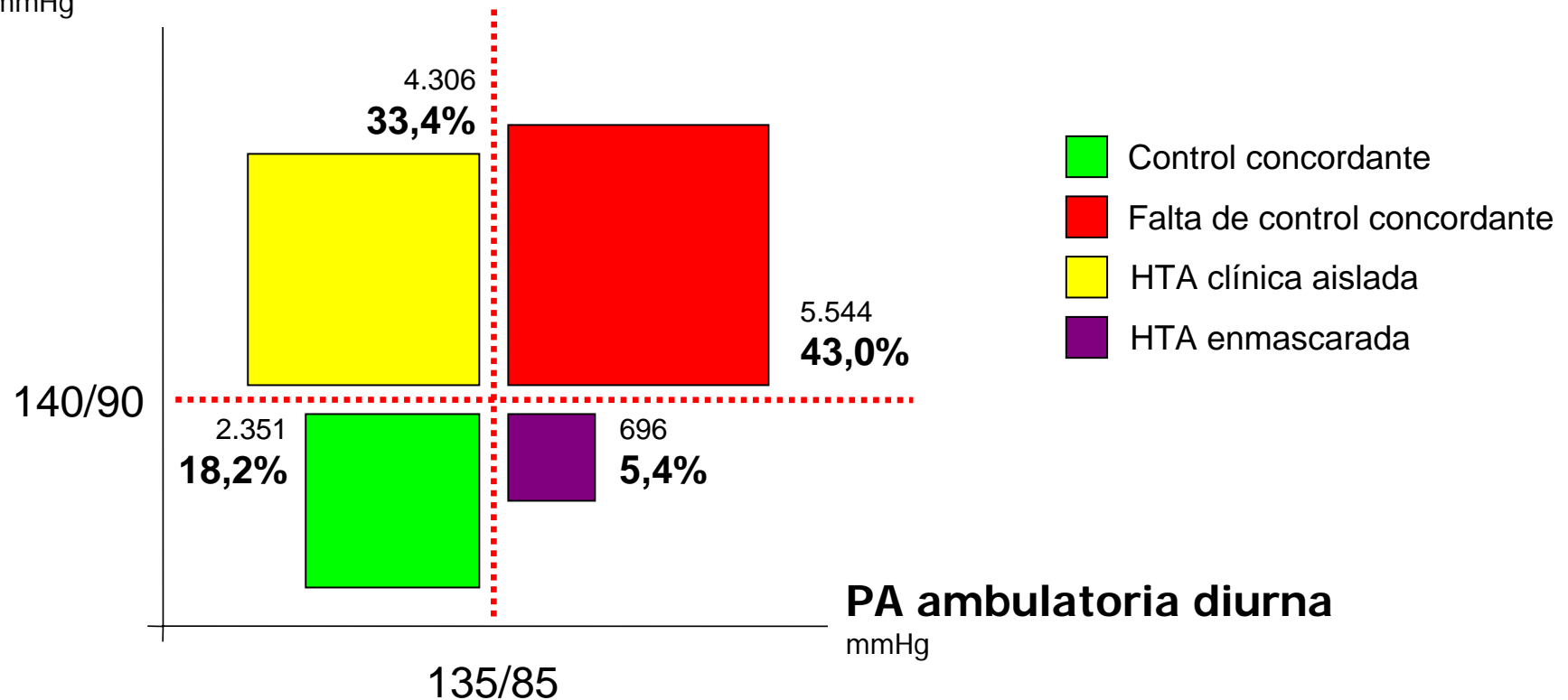


## Effectiveness of blood pressure control outside the medical setting

Banegas JR, Segura J, Sobrino J, Rodríguez-Artalejo F, de la Sierra A, de la Cruz JJ, Gorostidi M, Sarría A, Ruilope LM, for the Spanish Society of Hypertension Ambulatory Blood Pressure Monitoring Registry investigators.  
Hypertension 2007;49:62-68

### PA consulta

mmHg



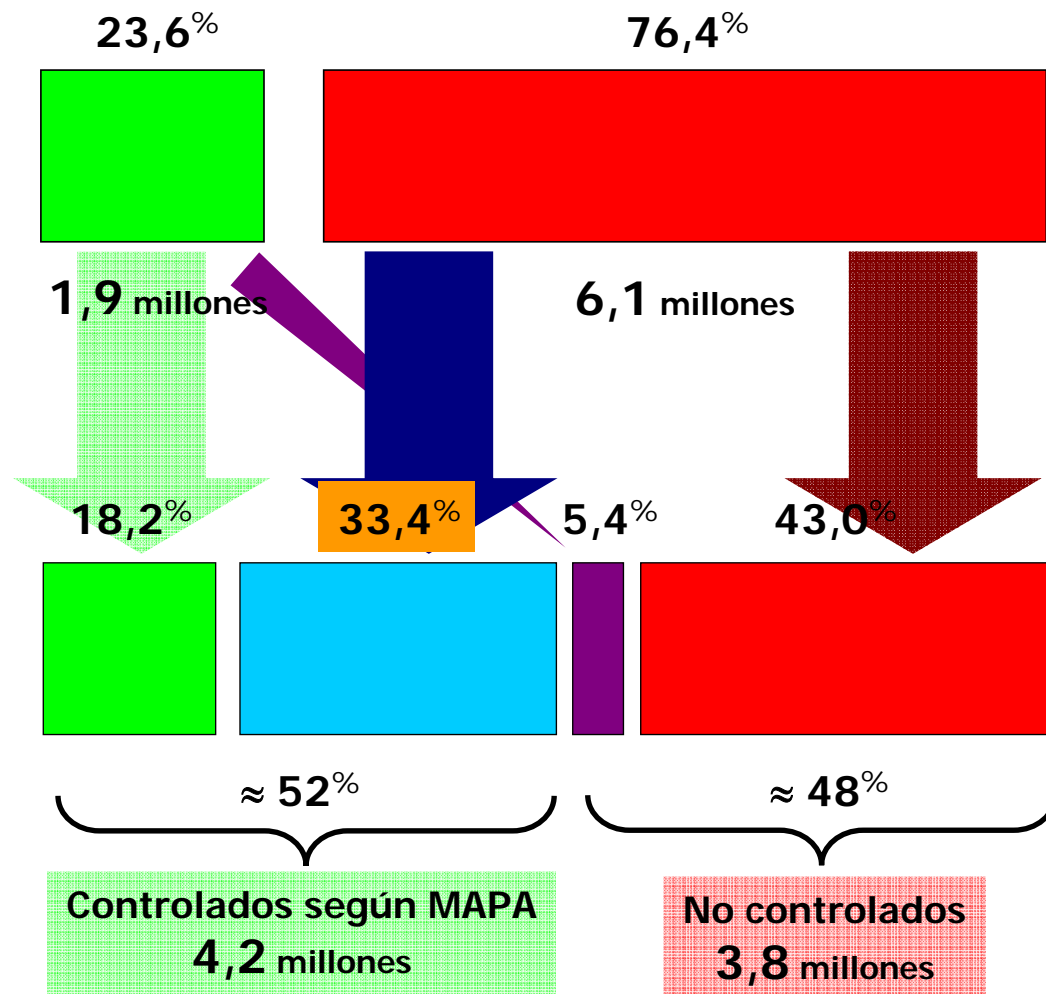
# cardiorisc mapapres



Punto de vista tradicional  
PA en la consulta

Infra- y sobreestimación del  
control desenmascaradas  
por MAPA

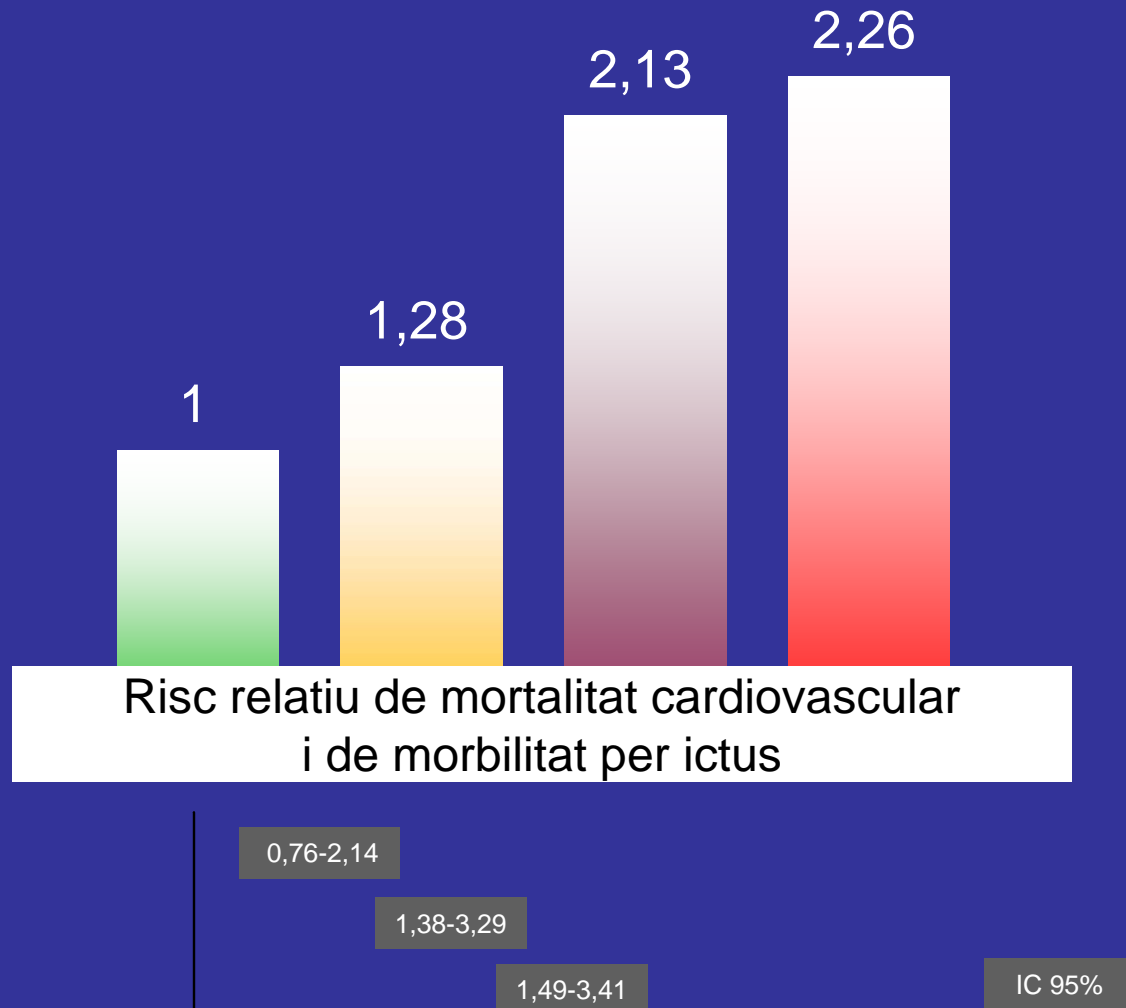
## Control de PA en consulta vs MAPA. Implicaciones de salud pública.





# Pronòstic de la HTA clínica aïllada i de la HTA emmascarada (seguiment a 10 anys)

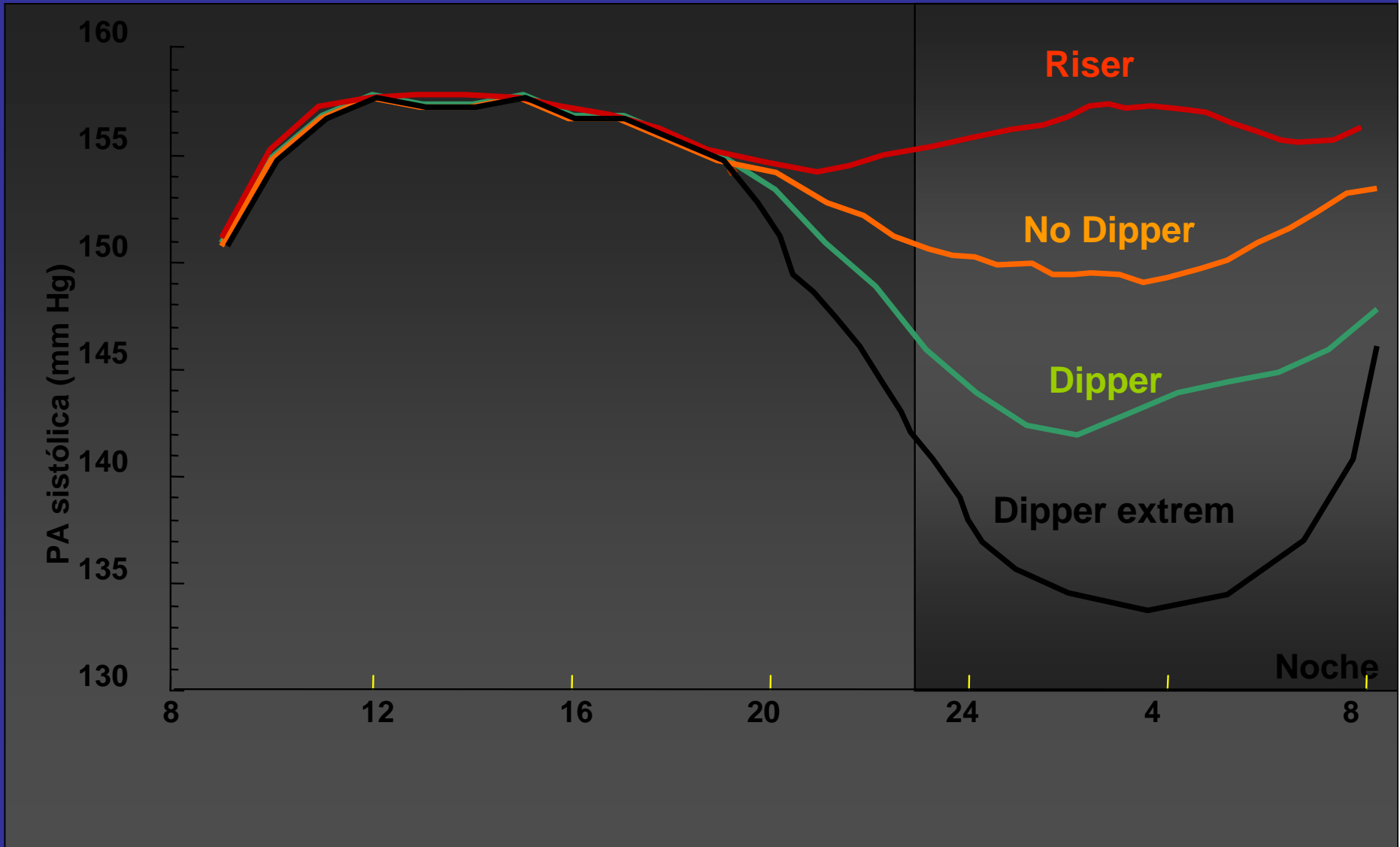
- Normotensió
- "Bata blanca"
- HTA emmascarada
- HTA



## A qui hem de sospitar una HTA emmascarada?

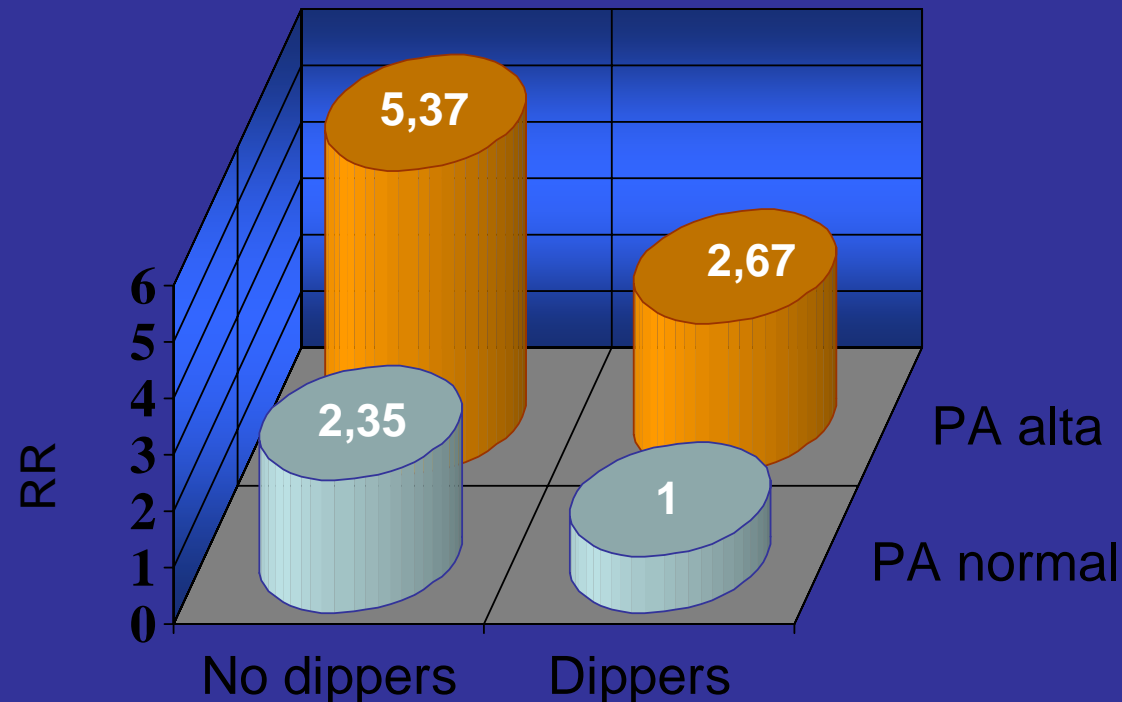
- PA clínica “episòdica”
- Història familiar HTA ambdós pares
- Pacients d’elevat risc CV (sd metabòlica, o diabètics, per ex) o amb L.O.D. i xifres de PA normal-alta (clínica)

# Hipertens Riser / No Dipper / Dipper / Dipper extrem



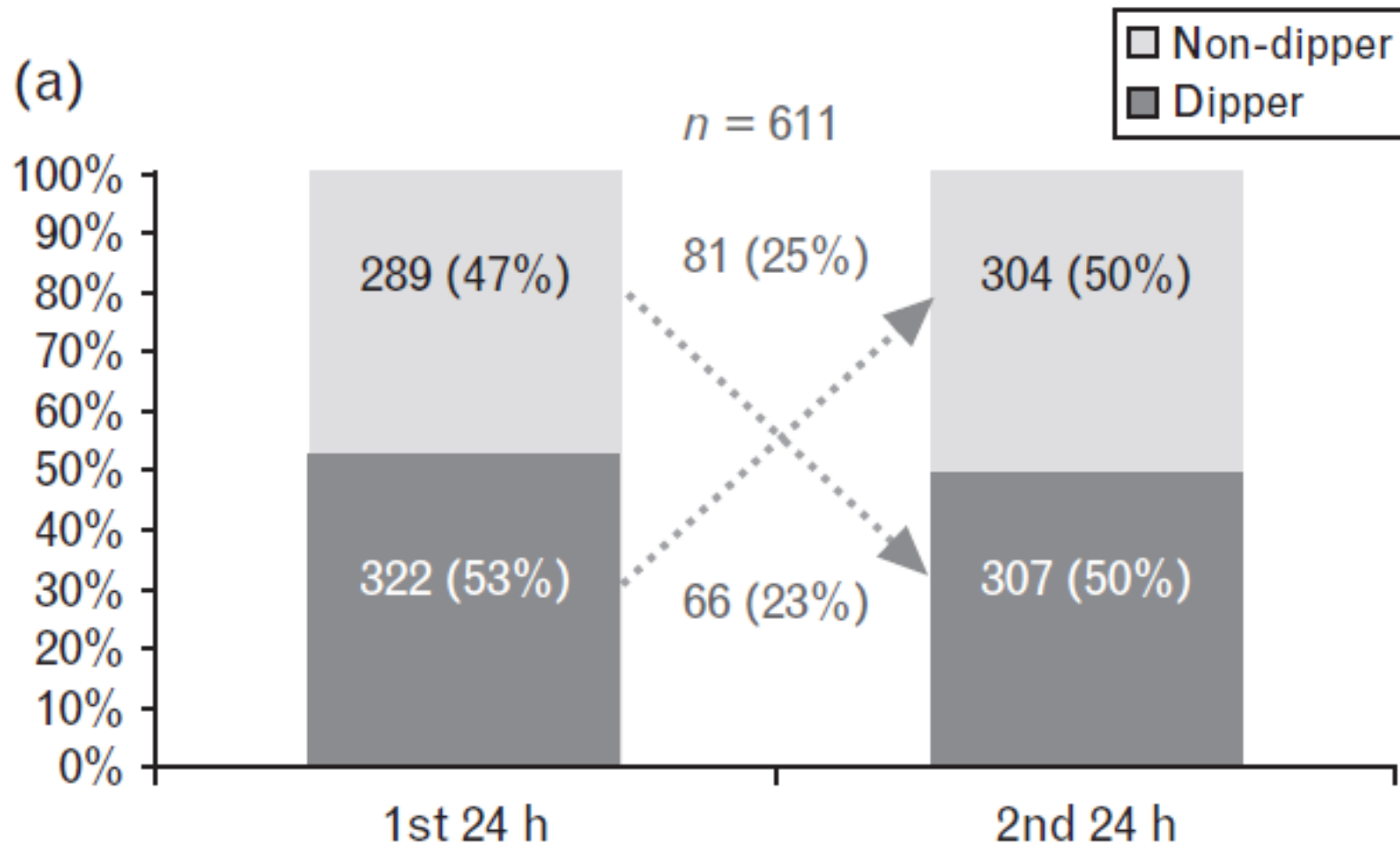
# Risc de mortalitat i patró circadià de PA

- 1542 > 40 anys. Seguiment 9,2 anys
- HTA nocturna: factor de risc de morbimortalitat independent de la PA de 24 h.
- Cada increment del 5 % en el ratio PA nit / dia suposa un augment del 20% del risc de mortalitat cardiovascular.



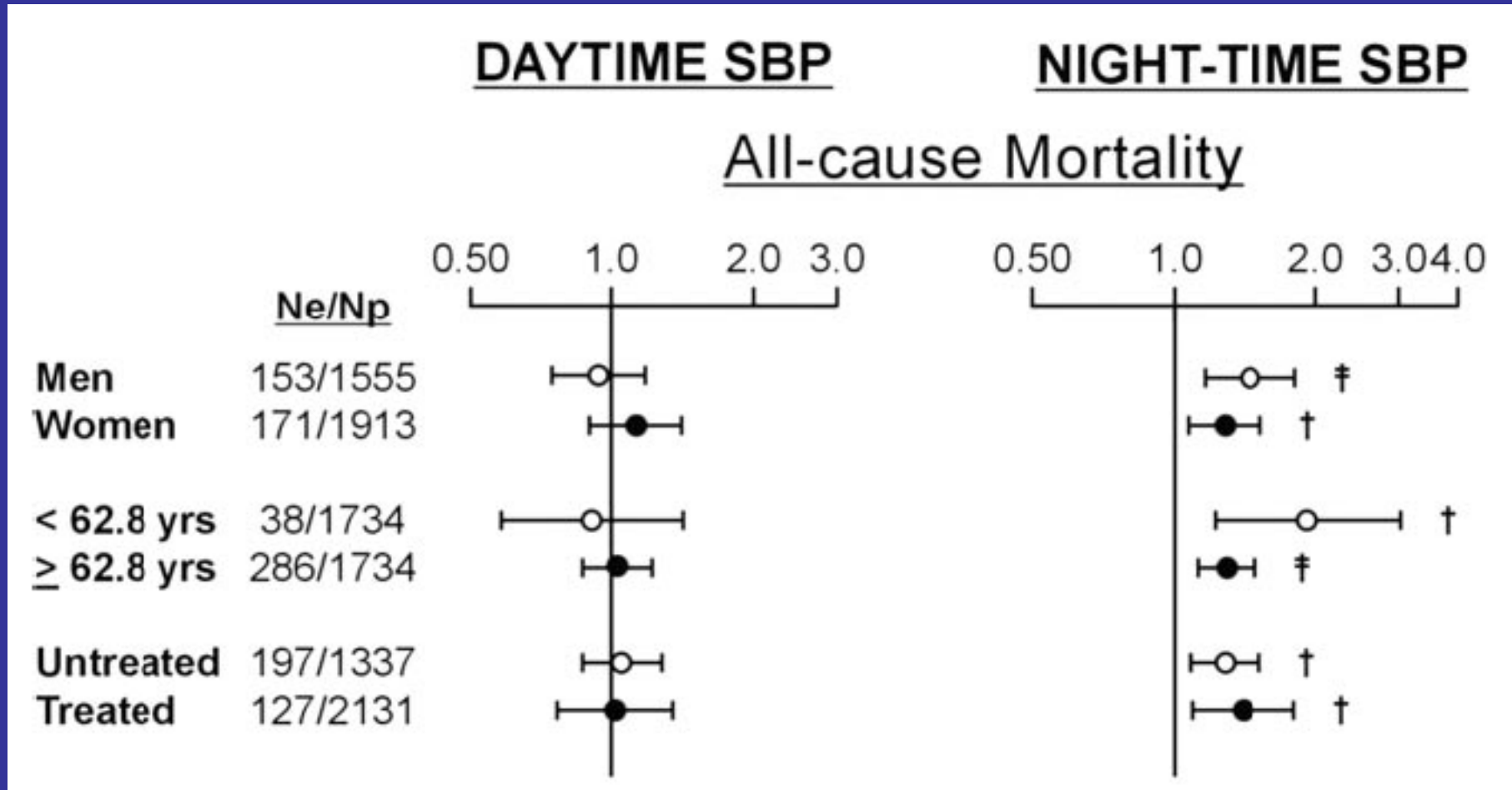
# El perfil circadià és poc reproducible

El 24% dels pacients canviaven la seva classificació *dipper* / no *dipper*

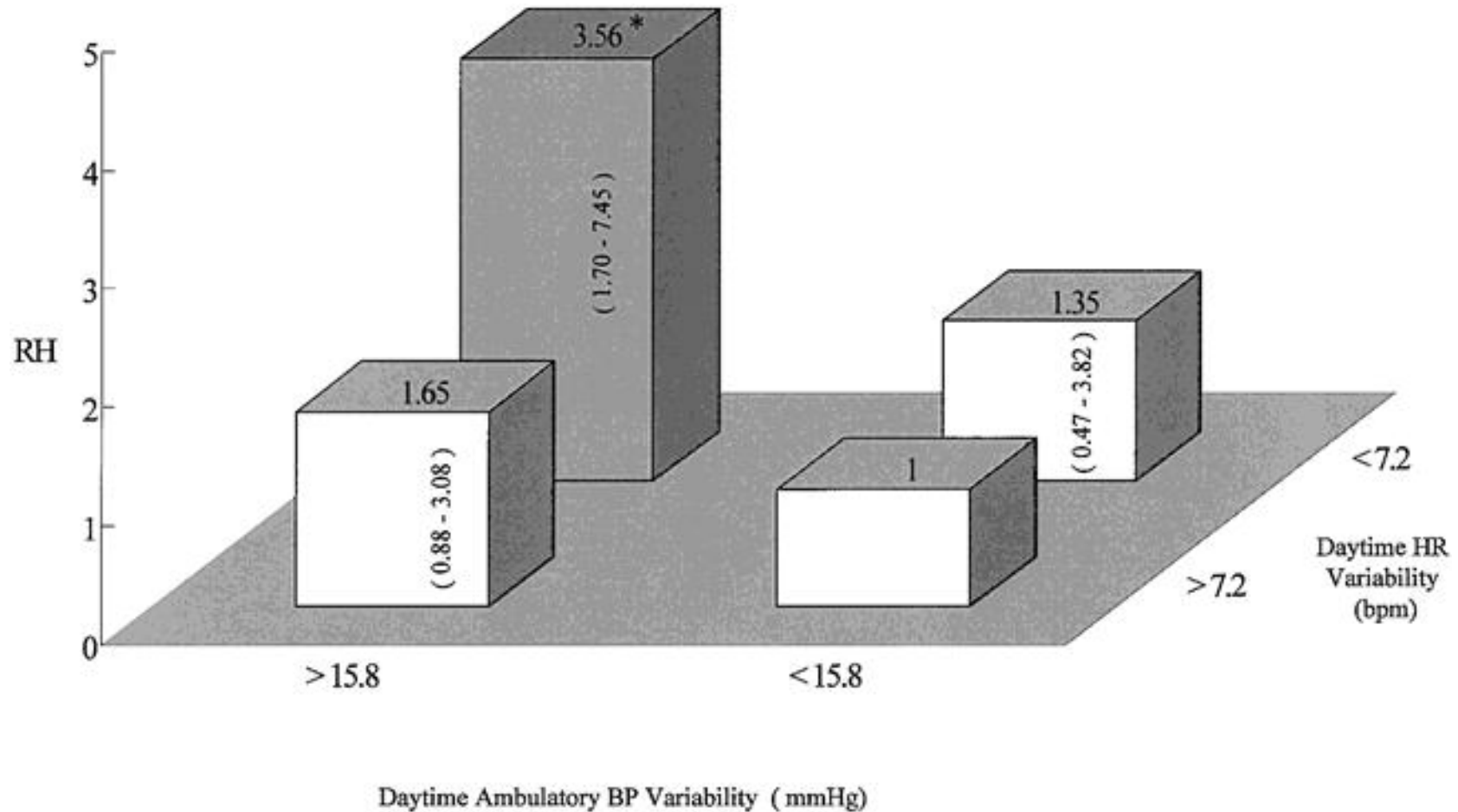


# Mortalitat i PA nocturna

Metaanàlisi (seguiment de 23.264 pacients-any). La PA nocturna fou millor predictora d'esdeveniments CV que la PA diürna.



Las variabilidades de la PA y la FC obtenidas cada 30 minutos por MAPA son predictoras independientes de mortalidad cardiovascular en la población general (Ohasama Study) n=1.542



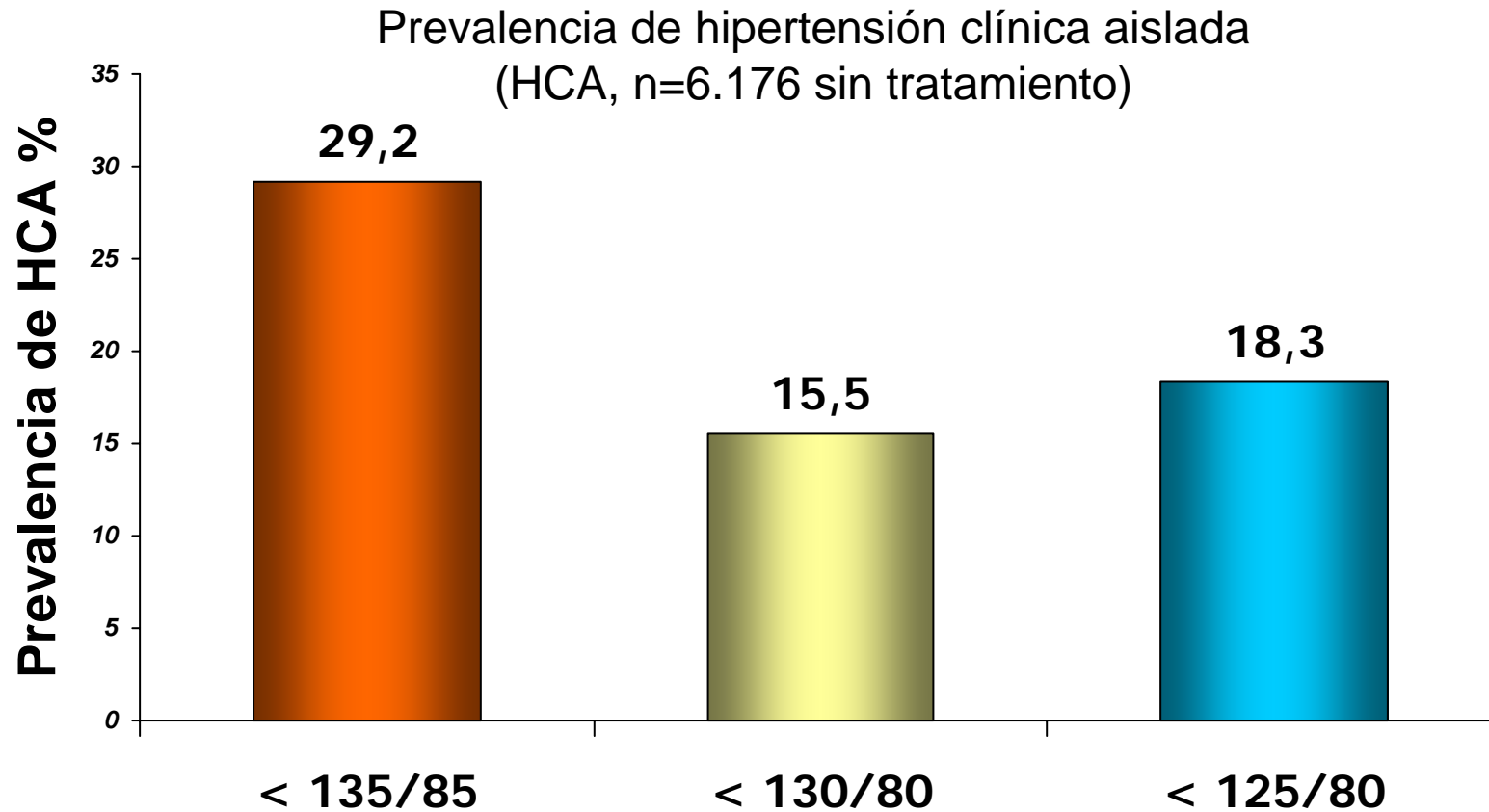
# cardiorisc mapapres



## Clinical characteristics of isolated clinical hypertension.

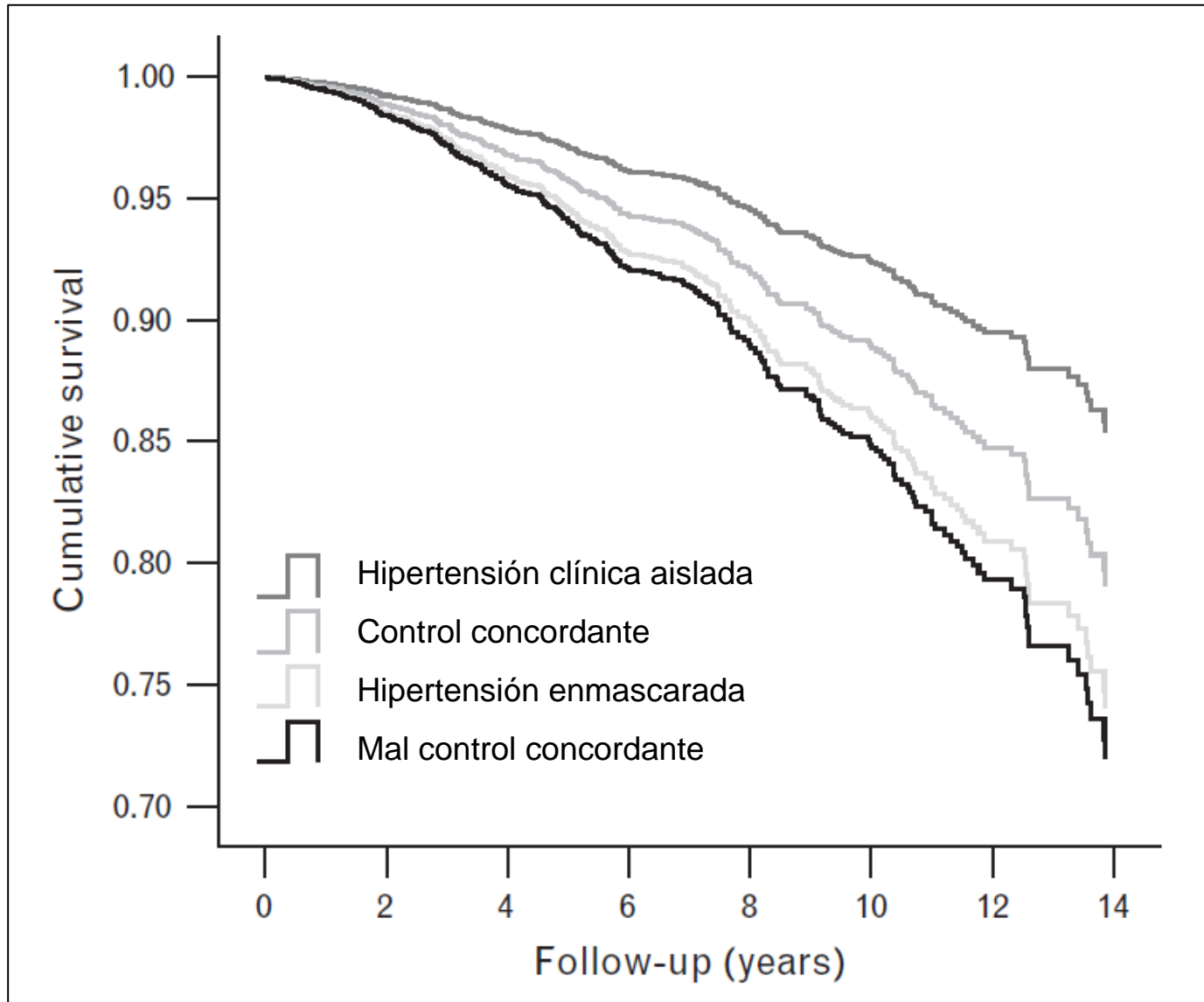
Vinyoles E, Felip A, Pujol E, de la Sierra A, Durá R, Hernández del Rey R, Sobrino J, Gorostidi M, de la Figuera M, Segura J, Banegas JR, Ruilope LM, on behalf of the Spanish Society of Hypertension ABPM Registry Investigators.

Journal of Hypertension 2008; 26: 438-445.





Mortalitat a 14 anys en 2.285 hipertensos tractats





# PREVALENCE OF ISOLATED CLINIC HYPERTENSION

Daytime <135/85 mmHg

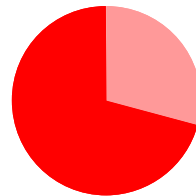
Daytime <130/80 mmHg

**Hypertensive patients  
no treated**

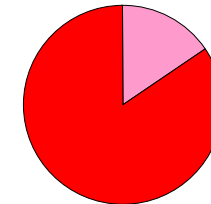
**n = 6.176**

Vinyoles E *et al*

J Hypertens 2008;26:438-445.



**29,2 %**  
IC 95% 27,7-30,7



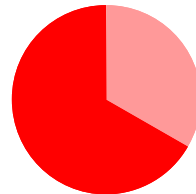
**15,5 %**

**Hypertensive patients  
treated**

**n = 12.897**

Banegas JR *et al*

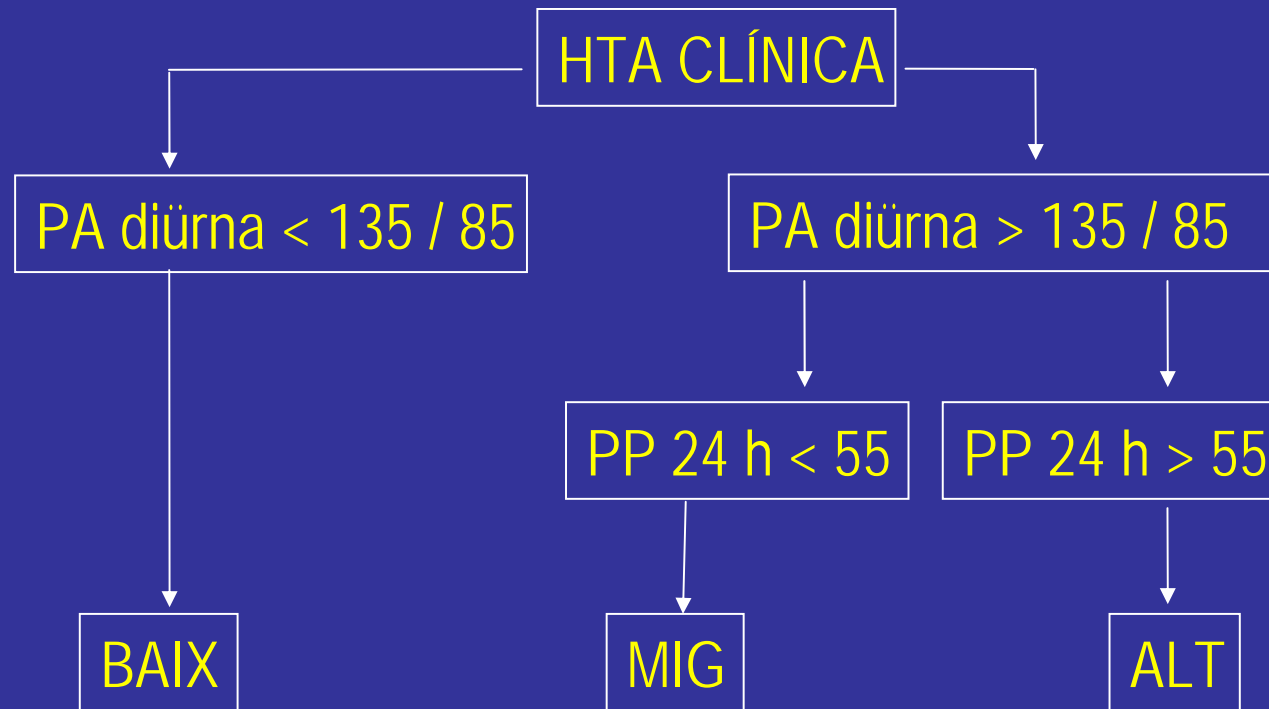
Hypertension 2007;49:62-68.



**33,4 %**  
IC 95% 32,6-34,2

**Office resistant control**

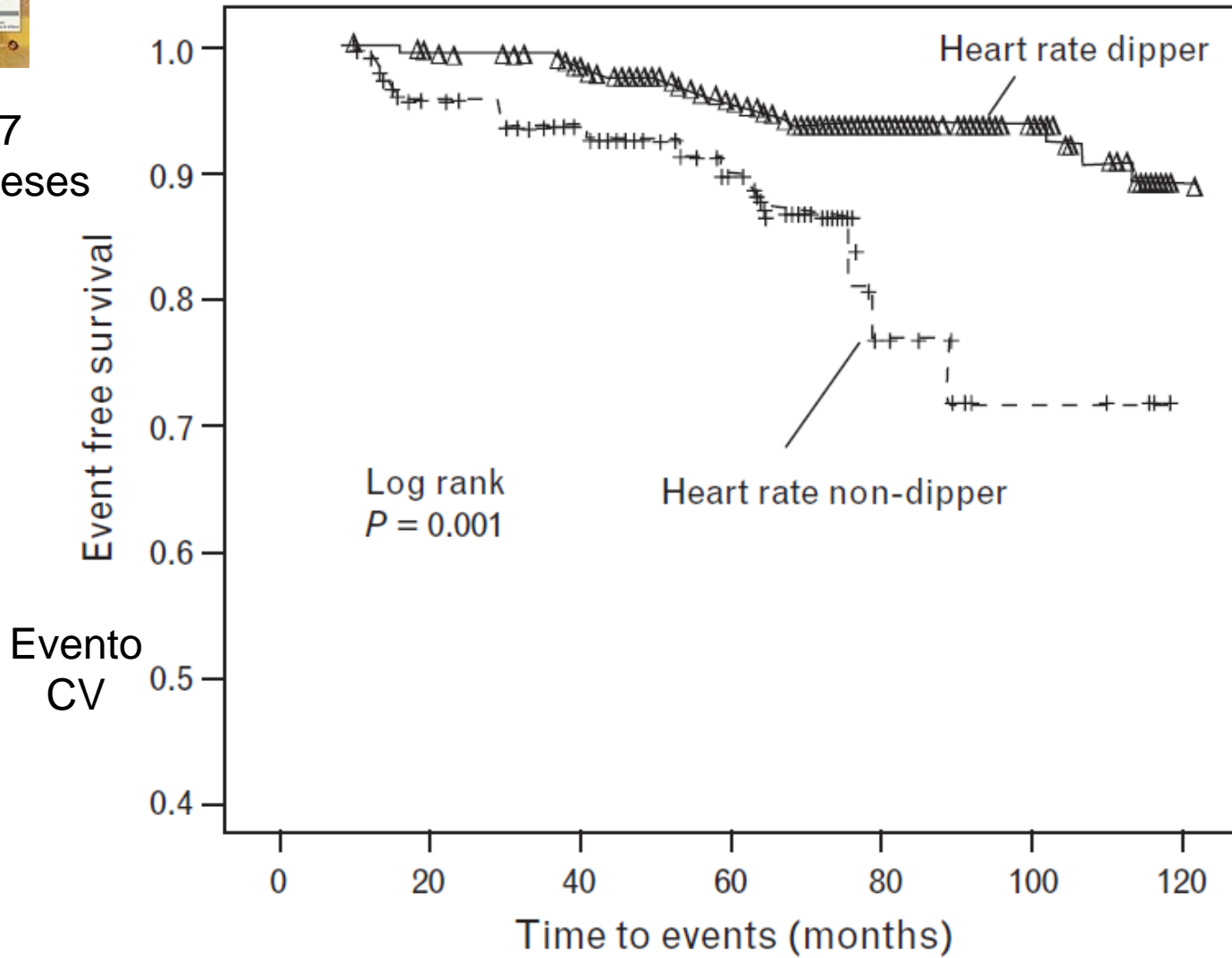
# Nova proposta d'estratificació del Risc CV en la HTA per MAPA, a l'AP





# La falta de descenso nocturno de FC se asocia a mayor probabilidad de evento CV

n=457  
72±26 meses



# Equips validats ([www.bhsoc.org](http://www.bhsoc.org))

The screenshot shows the website for the British Hypertension Society (BHS). The page title is "Automatic Digital Blood Pressure Devices for Clinical Use and also suitable for home/self". The main heading is "Automatic blood pressure measuring devices suitable for use in the clinic and also at home for self-monitoring". Below this, it states: "All the monitors listed on this website have been clinically validated. This means that all the machines, regardless of their cost, give reliable readings when used correctly." A red note follows: "Please note that BP monitors are usually supplied with a standard cuff (see individual sizes listed below) If your upper arm circumference is outside of the standard range, you should purchase either a larger or smaller cuff as appropriate. This is important because a cuff that is too large or too small will give an inaccurate reading." Cuff sizes are listed as: Small 18-24cm (7-9½ inches), Standard 23-35cm (9-14 inches), Large 35-40cm (14-16½ inches). A table titled "Under £50" lists one device: A&D UA-704, recommended price £39.10, with features like 30 reading memory, manual inflation, and 1 x AA battery. The protocol is BHS A/A and the study reference is 9.

**BHS**  
British Hypertension Society  
Registered UK Charity | No. 287635

Home | More about us | Information Service | Contact details | FAQs | Jobs  
Educational | Clinical | **Blood Pressure Monitors** | Guidelines | Publications | BHS Live and Clinical trials | Links

**Automatic blood pressure measuring devices suitable for use in the clinic and also at home for self-monitoring**

All the monitors listed on this website have been clinically validated. This means that all the machines, regardless of their cost, give reliable readings when used correctly.

**Please note** that BP monitors are usually supplied with a standard cuff (see individual sizes listed below) If your upper arm circumference is outside of the standard range, you should purchase either a larger or smaller cuff as appropriate. This is important because a cuff that is too large or too small will give an inaccurate reading.

**Cuff Sizes:** Small 18-24cm (7-9½ inches), Standard 23-35cm (9-14 inches), Large 35-40cm (14-16½ inches)

Under £50						
Manufacturer	Model	Recommended Retail Price	Features	Protocol	Study Ref See below	Notes
A&D	*UA-704	£39.10	30 reading memory Manual inflation 1 x AA battery	BHS A/A	9	

# Equips validats ([www.bhsoc.org](http://www.bhsoc.org))

Microlife	BP 3AC1-1	£88.04	60 reading memory 4 x AA batteries, mains adaptor available	ESH International Protocol Pass	11	
Microlife	BPA 100 Plus	£68.46	200 reading memory 4 x AA batteries, mains adaptor available	ESH International Protocol Pass	12,17	
Microlife	BP AC1-1PC	£88.04	99 reading memory, PC link included, automatic averaging of 3 readings, arrhythmia detection 4 x AA batteries, mains adaptor available	ESH International Protocol Pass	11	Derivative of BP 3AC1-1
Microlife	Watch BP Home	£89.00	4 x AA batteries, mains adaptor available	ESH International Protocol Pass	16	
Omron	M1 Plus	£50.00	Semi-automatic, manual inflation 4 x AAA batteries	ESH International Protocol Pass	17	
Omron	MX3 Plus	£58.67	14 reading memory 4 x AA batteries NB Cuff depth on Small is 11cm, Standard is 15cm and Large is 17.5cm. The Standard and Large cuffs are deeper than average	ESH International Protocol Pass	8	Derivative of HEM 742-E

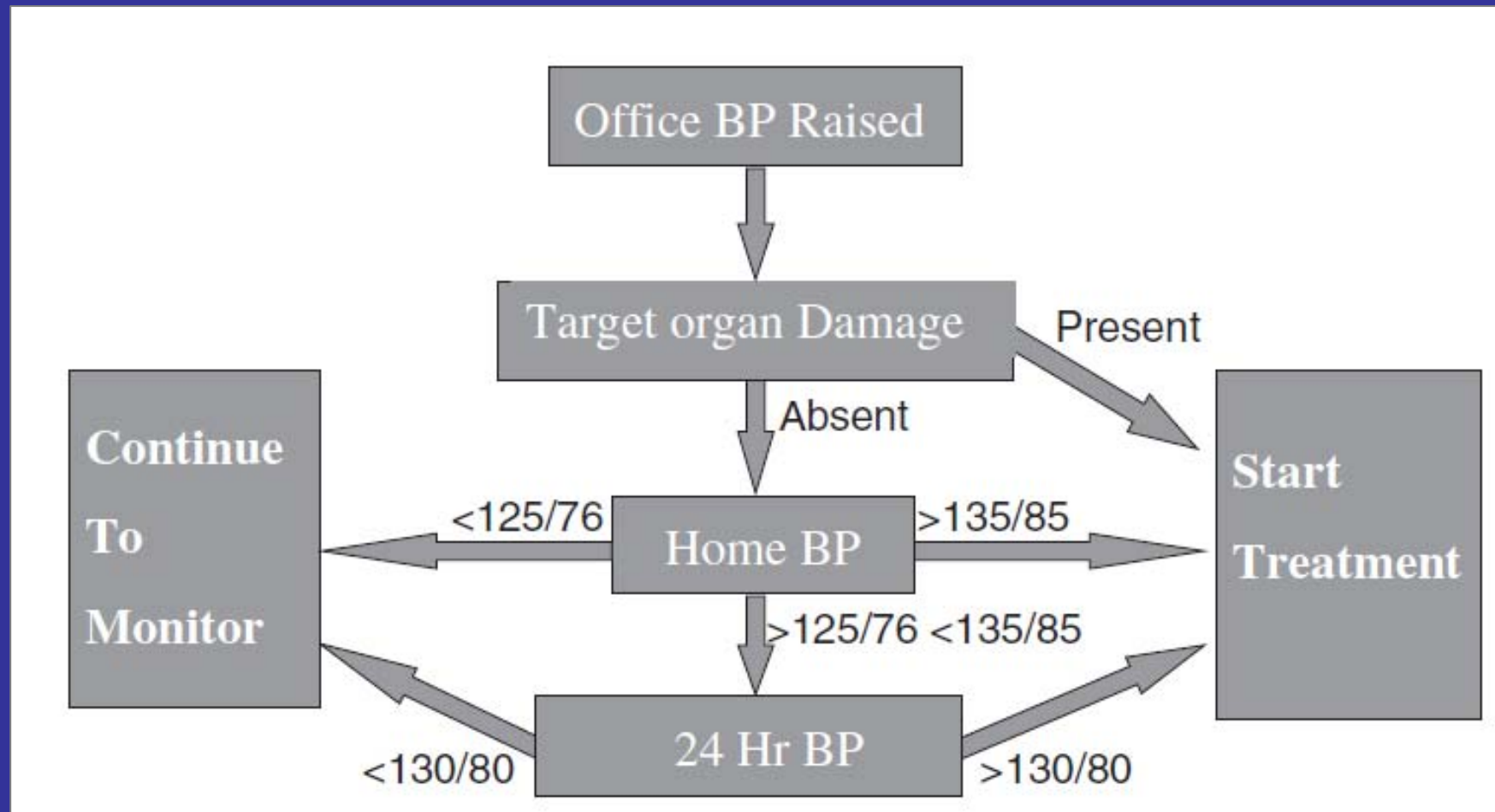
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**Tabla 4:** Algunas pautas recomendadas de AMPA

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- Pauta de 7 días (2 lecturas por la mañana y 2 por la noche). Eliminar el primer día del cálculo de la media
- Pauta de 5 días (3 lecturas por la mañana y 3 por la noche). Eliminar el primer día entero y la primera de las 3 lecturas del cálculo de la media
- Pauta de 3 días (3 lecturas por la mañana y 3 por la noche). Media de todas las lecturas
- Pauta de seguimiento por AMPA (automedidas rutinarias): individualizar, por ejemplo, en un paciente estable, un día laborable al mes (3 lecturas por la mañana y 3 lecturas por la noche)

# Algoritme de maneig de l'AMPA i la MAPA





# Conclusions

- La PA ambulatoria prediu ECV millor que la PA clínica
- La hipertensió emmascarada és una situació de risc similar al de la HTA sostinguda

# Conclusions

- Un 33% dels hipertensos mal controlats a les consultes tenen una MAPA de bon control tensional
- No és possible predir clínicament la hipertensió clínica aïllada

# Conclusions

- La PA nocturna és una bona predictora d'ECV
- L'ús de punts de tall de 24 hores minimitza biaixos
- Cal calcular el risc CV també en els pacients amb hipertensió clínica aïllada

# Conclusió general

- Convé avaluar la pressió ambulatòria en bona part dels pacients hipertensos que atenem