

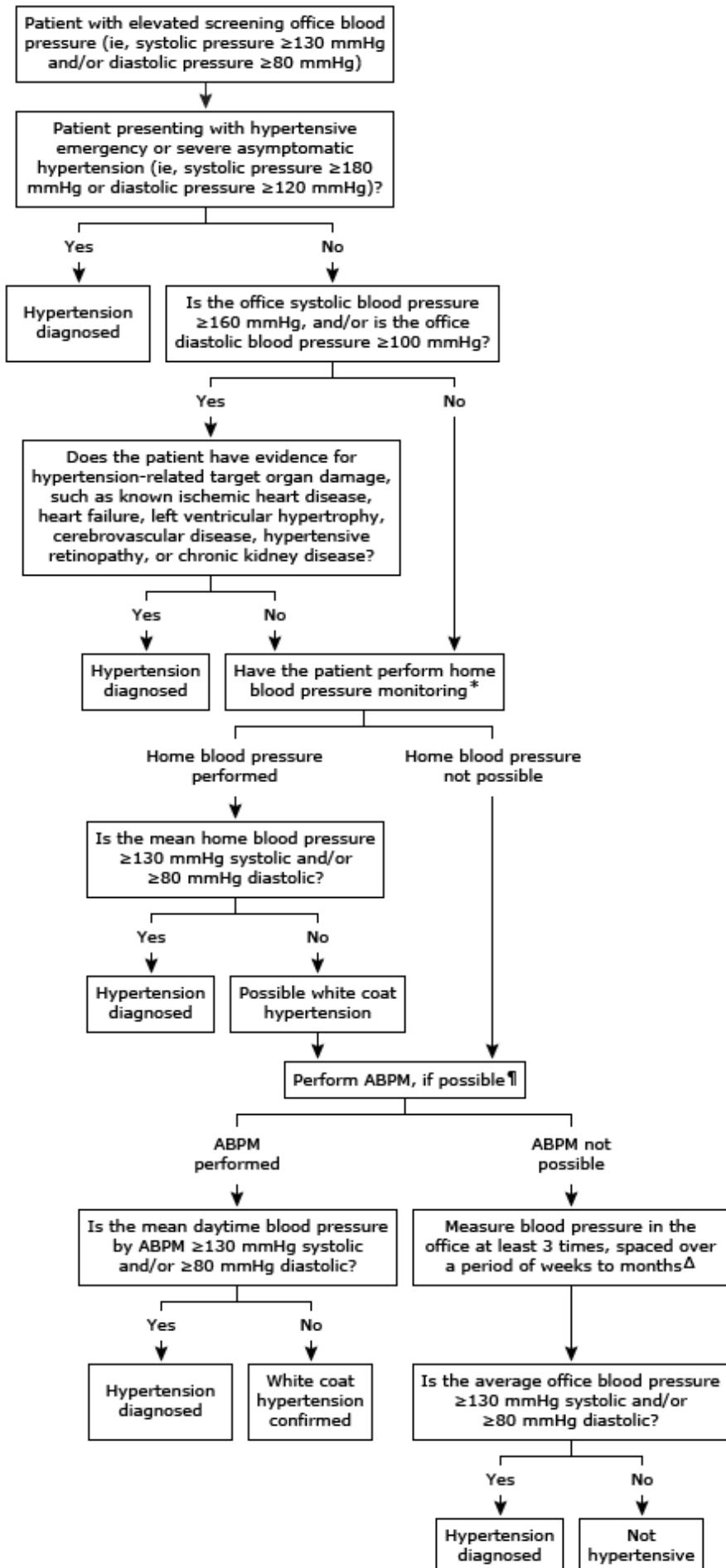


**UpToDate®**

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## Diagnosis of hypertension in adults



ABPM: ambulatory blood pressure monitoring; AOBPM: automated office blood pressure monitoring.

\* Home blood pressure must be performed adequately in order for the measurements to be used for diagnosis and management. To be adequate: The accuracy of the home device should be verified in the clinician's office; the patient should measure their blood pressure while seated (with feet flat on the floor), with arm supported (such as on a table), and after several minutes of rest; and the blood pressure should be measured at different times per day and over a series of multiple days. A common strategy is to have the patient measure their blood pressure twice daily (once in the morning and once in the evening) for 7 days. Readings from the first day are discarded, and the remaining 12 measurements are averaged. Home blood pressure should not be used for diagnosis and management if it cannot be performed adequately. Adequate home blood pressure should be possible in most cases. Inexpensive devices to measure blood pressure at home are available over the counter. Alternatively, such devices can be borrowed (eg, provided by the clinic). Only rarely are such devices unavailable or unaffordable.

¶ ABPM is performed by having the patient wear, typically for 24 hours, an electronic blood pressure device that automatically measures the blood pressure, usually every half hour during the day and hourly at night. We use the mean daytime value to determine the presence of hypertension. ABPM is possible if it is available in the clinic or via an external vendor and if it can be paid for by the patient's insurance or by the patient.

Δ Blood pressure measured in the office may vary according to the manner in which it is obtained. If blood pressure in the office is to be used for the diagnosis of hypertension (rather than using out-of-office blood pressures), we suggest performing unattended AOBPM (using a device that can average multiple readings while the patient sits alone in a room). Unattended AOBPM may provide a measurement that is 5 to 10 mmHg less than a manual measurement (ie, with a stethoscope). Office blood pressure must be performed with proper technique (eg, patient given time to rest, seated with feet flat on the floor, use of multiple measurements, appropriate-sized cuff placed on bare arm, etc). Office blood pressure measured with improper technique **should not** be used for diagnosis and management of hypertension. Refer to UpToDate topics on measurement of blood pressure for details of proper technique.

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