

HYPERTENSIONWATCH

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BLOOD PRESSURE MONITORS

High BP Is Still Prevalent

Hypertension still remains a serious public health problem, even though there has been progress in the medical treatment of hypertension and increased public health awareness to lower its occurrence, according to a January 2008 Centers for Disease Control and Prevention report.

Data from the National Health and

Nutrition Examination Surveys found that 66% of US adults aged 18 years and older had hypertension (29%) or prehypertension (37%) in 2005 to 2006. Of the individuals with hypertension, 78% were aware of their condition. Of the individuals being treated with antihypertensive medication, >64% of patients achieved blood pressure (BP) <140/90 mm Hg.

The researchers concluded that increasing awareness, treatment, and BP control will reduce morbidity and mortality. The results underscore the importance for patients with high BP to monitor their BP at home to help prevent serious complications. For additional information on this report, visit www.morningbp.com/pt37

Taking BP Meds: Morning or Night?

Switching the time of taking blood pressure (BP) medications may be healthier for individuals with heart and chronic kidney disease (CKD). In healthy individuals, BP dips at night by 10% or more. Individuals with high BP that does not dip at night (nondippers) face greater odds of heart attack or stroke.

For the study, the researchers had 32

nondippers with CKD switch 1 of their BP drugs from morning to evening. After 8 weeks, 88% of the participants had become dippers, and nocturnal BP was lowered by an average 7 mm Hg without an increase in daytime BP. Reporting in the December 7, 2007, issue of the *American Journal of Kidney Diseases*, the researchers said, "The simple maneuver

of switching the time of drug administration from morning to evening appears to safely lower nocturnal BP and restore a normal diurnal BP pattern." The results emphasize the need for patients to monitor their BP and share the results with their physician. For additional information on this study, visit www.morningbp.com/pt38

Nighttime BP Favored for Prognosis

A meta-analysis of 4 prospective studies in Europe found that nighttime ambulatory blood pressure (ABP) is, in general, a better predictor of cardiovascular events, compared with daytime BP in patients with hypertension, according to a study reported in the January 2008 issue of *Hypertension*.


Of the 3468 participants, 14% were smokers, 8% had diabetes, and 61% were under hypertensive treatment at the time of ABP monitoring. The researchers found during the 6½ years of follow-up there were 324 deaths, 72 nonfatal myocardial infarctions, and 93 nonfatal strokes. Daytime and nighttime ABP also were major predictors of all-cause and cardiovascular mortality, stroke, coronary heart disease, and an aggregate of major cardiovascular disease. Although nighttime ABP added to the prognostic value of daytime ABP for all outcomes, daytime ABP did not add prognostic precision to nighttime ABP, reported the researchers. The findings show why patients need to be active participants in treating their condition by recording their BP at home. For more information on this study, visit www.morningbp.com/pt40

Diabetes and BP Link Found in Women

A study, reported in the December 2007 issue of the *European Heart Journal*, examined the relationship of blood pressure (BP) and BP progression in the development of type 2 diabetes in 38,172 women without heart disease or diabetes.

The women were divided into 4 groups according to self-reported baseline BP (<120/75 mm Hg, 120-129/75-84 mm Hg, 130-139/85-89 mm Hg, and those with hypertension) and were further classified according to progression to a higher BP category during the first 48 months of follow-up. During 10 years of follow-up, 1672 women developed type 2 diabetes.

The women who had a rise in BP during the study also had an increased risk of developing type 2 diabetes. The participants whose BP rose but who stayed within the normal BP range had an increased risk of 26%, compared with women who had stable or decreasing BP. The women who progressed to hypertension had a 64% increased risk.

The researchers concluded that the study "provides strong evidence" that BP and BP progression are related with an increased risk of type 2 diabetes. The findings demonstrate that women with increasing high BP or increasing BP consider home BP monitoring to help prevent diabetes. For more information on this study, visit www.morningbp.com/pt39 

FAST FACT: High blood pressure is a modifiable risk factor for cardiovascular disease.