

Hypertension not so simple

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A recently published editorial in the *Journal of the American Society of Hypertension (JASH)*, "Ambulatory Blood Pressure Monitoring Should Be Included in the National Health and Nutritional Examination Survey (NHANES)," recognizes the importance of this national survey instrument but questions the efficiency of its diagnostic methods in assessing hypertension in the population.

Since the 1960s, CDC has utilized traditional blood pressure screening using a sphygmomanometer to measure the [brachial artery](#) pressure (a diagnostic instrument used since 1880). Drs. William B. White, President of the American Society of Hypertension, Inc. (ASH), Thomas D. Giles, a Past President of ASH, and colleagues have expressed concern regarding this methodology and its limitations in accurately detecting hypertension in patients. Their editorial strongly recommends that the CDC utilize a more sensitive and specific tool for assessing blood pressure in its national surveys.

Their recommendation for improving national statistics on hypertension is the inclusion of ambulatory BP monitoring in the NHANES' methodology. Among many physicians and hypertension specialists, ambulatory BP monitoring has been recognized as a superior and accurate method for detecting hypertension. The utilization of this advanced [diagnostic method](#) may bring to light many mitigating factors that affect the proper diagnosis of this condition, such as white coat hypertension, resistant hypertension, and nocturnal hypertension. Leading hypertension specialists around the country recognize that ABPM can not only detect hypertension in cases in which the disease

actually exists, but also identify who is really in control and who is not.

As a supplement to clinical office blood pressure measurements, ABPM allows physicians and [health care providers](#) to properly diagnose patients. As a screening tool used in national health surveys, ABPM will provide for a more accurate representation of the hypertension epidemic in America, thus allowing for the development of more appropriate national health initiatives to decrease rates of uncontrolled hypertension.

On September 4, 2012, the Centers for Disease Control and Prevention (CDC) identified hypertension as the leading cardiovascular disease risk factor in its most recent *Morbidity and Mortality Weekly Report* (MMWR). The numbers presented in the [National Health](#) and Nutrition Examination Survey (NHANES) report painted a rather worrisome picture of the nation's health status in relation to [hypertension](#) and its deleterious effects, noting that

- roughly 36 million people have uncontrolled high blood pressure, about 26 million with uncontrolled blood pressure have seen a doctor at least twice the past year
- nearly 22 million know they have high blood pressure, but don't have it under control
- 16 million take medicine, but still don't have their [blood pressure](#) under control

More information: "Ambulatory blood pressure monitoring should be included in the National Health and Nutritional Examination Survey (NHANES)," by Thomas G. Giles, MD, Henry R. Black, MD, Franz Messerli, MD, William B. White, MD, *Journal of the American Society of Hypertension*, Volume 6/Issue 5 (September/October 2012), dx.doi.org/10.1016/j.jash.2012.07.002

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