

# Home blood pressure assessments are more accurate than office checks

November 26 2018, by Rob Cahill

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UTHealth's Kevin Hwang, M.D., M.P.H., is a big fan of home blood pressure monitoring. Credit: Rob Cahill, UTHealth

Doctors could improve the care of high blood pressure by relying more on home blood pressure (BP) checks and not so much on the less-

accurate office BP assessments, wrote health care quality experts from The University of Texas Health Science Center at Houston (UTHealth) in an editorial in the journal *JAMA*.

"As the evidence in favor of HBPM (home blood pressure monitoring) continues to accumulate, it is time to update how the quality of hypertension care is evaluated and reported," wrote Kevin Hwang, M.D., M.P.H., and Eric Thomas, M.D., M.P.H., of the UTHealth Memorial Hermann Center for Healthcare Quality and Safety.

A reason for the blood pressure disparities is a phenomenon called the "white coat syndrome."

"Many people get nervous when they see a doctor or a nurse and their blood pressure goes up," said Hwang, who is an associate professor of internal medicine at McGovern Medical School at UTHealth.

The result is that doctors may be prescribing treatments for problems that may not be as bad as they appear in a doctor's office.

Because 10 to 50 percent of patients with high office BP readings have normal readings at home, Hwang and Thomas would like to see doctors confirm their diagnosis and monitor treatment with home devices. There are many types of home blood pressure monitors—some of which relay results over the internet.

High blood pressure increases the risk of a host of [health](#) issues including heart attack, stroke, chronic heart failure and kidney disease. Worse yet, one in five adults with high blood pressure do not know they have it. More than 360,000 American deaths in 2013 included [high blood pressure](#) as a primary or contributing cause, which comes out to about 1,000 a day, according to the Centers for Disease Control and Prevention.

Other benefits of home testing, according to the authors, include giving [doctors](#) additional information to analyze, reducing the need for clinic visits and getting patients more involved in their care.

On the downside, patients could misuse the home devices and provide their caregivers with inaccurate information, the authors wrote.

In addition to helping clinicians make more informed decisions, expanding the use of home [blood pressure](#) monitoring would help health care organizations evaluate the quality of care they provide and the health risks of their patients, the authors wrote.

Also contributing to the editorial was Laura Petersen, M.D., M.P.H., of the Michael E. DeBakey VA Medical Center and Baylor College of Medicine.

Thomas is a professor, associate dean for healthcare quality and holder of the Griff T. Ross Professorship in Humanities and Technology in Health Care at McGovern Medical School.

**More information:** Kevin O. Hwang et al, Use of Home Blood Pressure Results for Assessing the Quality of Care for Hypertension, *JAMA* (2018). [DOI: 10.1001/jama.2018.12365](https://doi.org/10.1001/jama.2018.12365)

Provided by University of Texas Health Science Center at Houston

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