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24 hours ambulatory blood pressure monitoring in primary care

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Background: Arterial hypertension - one of the major risks of cardiovascular diseases. The mortality of them in Lithuania is 56,3% (2013). The detection of high arterial blood pressure is essential for controlling the diseases afterwards including the life change or using antihypertensive medications.

Aim: To evaluate the benefit of 24 hours ambulatory arterial blood pressure monitoring, suspecting or controlling patients with arterial hypertension.

Methods: Prospective cross-sectional study of 314 patients, enrolled and followed in Vilnius University Hospital Family Medicine Centre, Lithuania from August/2011 till November/2014 with suspected arterial hypertension or uncontrolled hypertension. The data source type - clinical records, arterial blood pressure monitoring results.

Results: 314 patients. Mean age 53,97 ($\pm 14,87$), 146 (46,3%) men. 107(34,1%) hypertension not diagnosed before monitoring, 39 (12,4%) of them hypertension newly diagnosed. The most often complaints - high arterial blood pressure (42,7%), rapid pulse - (18,5%), heart ache (18,2%), no complaints (8,9%). The most frequent distribution of antihypertensive drugs after ambulatory blood pressure monitoring - ACF (44,7%), CCB (34,0%), BBC (28,7%). Cardiologists statistically significantly adjusted CCB, sulfonamide diuretics. Other drugs cardiologists and GPs adjusted statistically similarly. 28 (63,6%) diagnosed patients got antihypertensional treatment. for 17(60,7%) patients with newly diagnosed hypertension, the blood pressure was adjusted by GPs.

Conclusion: The results improve the 24 hours ambulatory arterial blood pressure monitoring worth. Less than half of patients complain having high arterial blood pressure. The hypertension treatment between Cardiologists and GPs is similar.