

PS2.276

Home blood pressure monitoring in primary care

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Hypertension is a common disease in Sweden. The most of the patients are controlled by office blood pressure (BP). Our project group work with home BP monitoring. This method can reduce amount of patient with white-coat hypertension and masked hypertension. Guideline from ESH/ESC (2013) shows that home BP is more closely related to hypertension-induced organ damage than office BP. Recent meta-analyses indicate that the prediction of cardiovascular morbidity and mortality is significantly better with home BP than with office BP.

Our aim is to identify patient with white- coat hypertension and thus reduce medication. Inclusions criteria are patients with high normal BP and hypertension. Exclusions criteria are arrhythmia, malign hypertension, unmotivated patients.

The patients borrow an oscillometric automatic sphygmomanometer and take BP two times/day, on at least 3 days. The results are reported in a standardized logbook. Home BP is the average of these readings, with exclusion of the first monitoring day. We use ESH/ ESC guideline for evaluation of blood pressure. Our project is a pilot study. We are in the planning phase. All of the preparations are ready (project plan, license from director, approval from patients, instructions and logbook for patients). Patient care starts nowadays in January 2016. Local guideline for out- of- office blood pressure has not existed in our region before our study. Our aim is to start with home blood pressure monitoring which is a safer method for blood pressure control than office blood pressure. Blood pressure monitoring is going to be more effective and controlled.

Our target is overmedication. Health education is included in our program. Our expectation is that it can improve patient involvement and health awareness.

References:

(1) Swedish Council on Health Technology Assessment. (2010). Home Blood Pressure Monitoring.

(2) Mancia. (2013). ESH/ESC Guidelines for the management of arterial hypertension. Journal of Hypertension, pp. 1281-1357.