White-Coat and Masked Hypertension: Selective Elevation of Blood Pressure or an Arbitrarily Partitioned Continuum?

To the Editor:

Data from the Pressioni Arteriosc Monitorate e Loro Assosiazioni (PAMELA) study, presented by Mancia et al., are invaluable for understanding the true nature of white-coat and masked hypertension. Thus, in terms of long-term risk, the authors’ conclusions that these are not innocent entities and that physicians treating patients with any blood pressure should be aware of their consequences should be definitely adopted. However, the title of the article and some of the interpretations of the data ignore the authors’ acknowledged finding that subjects with white-coat and masked hypertension have in-office and out-of-office blood pressure values between normal and hypertensive levels. Thus, when defined by home blood pressure monitoring, subjects with white-coat hypertension have greater (rather than selective) elevation of office blood pressure. Likewise, subjects judged by ambulatory blood pressure monitoring to have masked hypertension do not have selective elevation of 24-hour blood pressure but rather a categorically more notable elevation compared with office values. A striking finding revealed in the article by the PAMELA authors is that, when categorized according to office and 24-hour blood pressure (Table 1, top), patients with white-coat and masked hypertension have similar home blood pressure values in between those of normotensive and hypertensive subjects. The same is true regarding 24-hour blood pressure values when home blood pressure is the basis of classification (Table 1, bottom). According to the age- and gender-adjusted mortality analyses, statistically significant findings were reported only for the combined subgroup, namely, the true hypertensive subjects. Therefore, the authors have not proven that being categorized as masked or white-coat hypertensive, and not the actual office or out-of-office blood pressure values, carries increased risk. The significant trend findings are conceivably strongly influenced by the mortality of the subgroups with combined elevations in blood pressure. Would adjustment for office blood pressure (in the case of masked hypertension), or out-of-office blood pressure (in the case of white-coat hypertension), not generate more pointed results?

Disclosures

None.

Iddo Z. Ben-Dov
Nephrology and Hypertension Services
Hadassah–Hebrew University Medical Center
Jerusalem, Israel

White-Coat and Masked Hypertension: Selective Elevation of Blood Pressure or an Arbitrarily Partitioned Continuum?
Iddo Z. Ben-Dov

Hypertension. 2006;48:e8; originally published online June 12, 2006; doi: 10.1161/01.HYP.0000228965.92166.42

Hypertension is published by the American Heart Association, 7272 Greenville Avenue, Dallas, TX 75231
Copyright © 2006 American Heart Association, Inc. All rights reserved.
Print ISSN: 0194-911X. Online ISSN: 1524-4563

The online version of this article, along with updated information and services, is located on the World Wide Web at:
http://hyper.ahajournals.org/content/48/2/e8

Permissions: Requests for permissions to reproduce figures, tables, or portions of articles originally published in Hypertension can be obtained via RightsLink, a service of the Copyright Clearance Center, not the Editorial Office. Once the online version of the published article for which permission is being requested is located, click Request Permissions in the middle column of the Web page under Services. Further information about this process is available in the Permissions and Rights Question and Answer document.

Reprints: Information about reprints can be found online at:
http://www.lww.com/reprints

Subscriptions: Information about subscribing to Hypertension is online at:
http://hyper.ahajournals.org/subscriptions/