Response to Home Blood Pressure Measurements Will or Will Not Replace 24-Hour Ambulatory Blood Pressure Measurement

We thank O'Brien for his interest in our article and his comments. The title of our position was “Home blood pressure measurements will not replace 24-hour ambulatory blood pressure monitoring,” and we held such position throughout the entire article. For example, we wrote that “It is out of question that the prognostic value of 24-hour ambulatory blood pressure (BP) is more strongly supported than that of home BP,” and that “A strong case for 24-hour ambulatory BP monitoring in almost all subjects would be the initial assessment for untreated individuals with a clinical diagnosis of hypertension,” and, finally, that, “24-hour ABP [ambulatory BP] monitoring may be useful, in our opinion, also for untreated subjects with office hypertension and normal home BP who lack target-organ damage. There is no evidence supporting the prognostic value of home BP in these subjects.”

Therefore, we never contradicted the point that home BP will not replace ambulatory BP. We remarked on the undeniable argument that, in the majority of longitudinal outcome-based studies in hypertensive individuals, the initial 24-hour ambulatory BP monitoring was undertaken in untreated subjects. Consequently, the inferences regarding the prognostic value of white-coat hypertension, nighttime BP, pulse pressure, and so forth most properly apply to untreated subjects. This may draw a preferential place for 24-hour BP monitoring in the initial assessment of the majority of hypertensive patients. In contrast, home BP measurements may be more indicated in the long-term management of treated hypertensive patients. In addition, we recognized that 24-hour ambulatory BP may also be helpful in a number of conditions in treated subjects, as suggested by guidelines.

These considerations form the basis of our statement that 24-hour BP monitoring and home BP measurement are complementary, rather than alternative, techniques.

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