Letter to the Editor

Home or Office Blood Pressure Monitoring in Predicting Cardiovascular Events: What is Policy Implication?

To the Editor:

It is with great interest that I read the recent Hypertension article by Niiranen et al1 with the conclusion that home-measured blood pressure (BP) is prognostically superior to office BP, and home BP monitoring (HBPM) shall be the recommended choice for diagnosing and treating hypertension. In addition to some limitations, such as the times of measuring in a day between HBPM and office BP monitoring (OBPM), which may somewhat confound the statistical results, indicated by the authors, one practical consideration of lifestyle change in a longitudinal study was not observed, because frequently measuring hypertension to some extent is assumed to increase the public awareness of importance of a healthy lifestyle leading to BP controlled individually over time. Although this study was conducted in Finland just like previous studies mostly in developed countries, future studies in developing countries where hypertension and cardiovascular events are major public health problems and leading causes of death and disability2,3 are required, because the prevalence of having home-based BP measurement devices could be much lower due to technical, financial, or educational reasons, although devices at low cost seem to be available in some nations.4 On the other hand, the general public is the most concerned with the time or number of measurements and how to keep the precise records of BP readings for clinical information, although no threshold for the number of HBPM was suggested, particularly in predicting stroke risk after 1 to 14 times of measurement.5,6 Of note, not everyone has ever measured his or her BP until certain fatal disease occurs. Thus, future studies may address whether ever-measured compared to never-measured BP could indicate a risk reduction for future cardiovascular event development. Furthermore, for the relationship with OBPM, which may be more popular, in particular when offered for free and with easy access, such as by the Red Cross Volunteering Program, in certain places characterized by a lack of proper knowledge regarding hypertension management at an individual level, the first step in a call to action should be to find out how many people never measure their BP and if they are an at-risk group in clinical practice. Then, no matter whether HBPM or OBPM is initiated or favored, BP monitoring, regardless of at home, in office, or out-of-office and home (ie, at workplace or through charity), shall be put together as a combined monitoring approach to more suitable care at the population level.

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Disclosures

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