European Society of Hypertension and European Society of Cardiology Guidelines and the Muted Enthusiasm for Home Blood Pressure Monitoring

To the Editor:

The recent, brief summary review, Hypertension Guidelines: More Challenges Highlighted by Europe, effectively highlights some weaknesses in the European guidelines for the management of arterial hypertension. The editors, however, missed an opportunity to restate the importance of home blood pressure monitoring (HBPM). Patients with hypertension would be better served if these guidelines had not muted enthusiasm for HBPM, as the editors stated, but placed more emphasis on its use. In 2008, the American Heart Association/American Society of Hypertension/Preventive Cardiovascular Nurses Association joint statement on HBPM called for the universal utilization of HBPM in the majority of patients with hypertension. It reviewed the need for patient education on technique and blood pressure goal, as do the European guidelines, and encouraged HBPM as a routine component of hypertension management. Now, in 2013, little progress has been made to increase accessibility to this valuable tool. The critique of the European guidelines specifically should have restated this call to action beyond the primary purposes of validating clinic readings and determining cardiovascular risk put forth by the European guidelines. These guidelines minimize the patient-centered benefit to HBPM, for example, adherence to medication, healthy lifestyles, and optimization of treatment. This review article missed an opportunity to emphasize the American Heart Association position, HBPM as a practical tool in the patient-centered treatment of hypertension.

The discussion of hypertension guidelines merits reminding providers of some key points discussed in the American Heart Association/American Society of Hypertension/Preventive Cardiovascular Nurses Association joint statement: initially educate patients to the technique and to blood pressure goal and continually reinforce this behavior by reviewing technique and monitor’s accuracy. It is the provider’s responsibility to interpret the information patients provide accurately and to encourage adherent behavior. Any practitioner involved in hypertension management should be encouraging HBPM and be knowledgeable regarding its use in treatment.

The European guidelines encourage the use of HBPM in identifying patients with white coat hypertension, verifying the diagnosis of hypertension, and helping assess cardiovascular risk. Valid as these functions are, they do not necessitate long-term home use. The American Heart Association/American Society of Hypertension/Preventive Cardiovascular Nurses Association joint statement describes the evidence supporting HBPM’s benefits in guiding and evaluating treatment, improving blood pressure control, and increasing medication adherence. In my recent personal experience managing a Hypertension Clinic, patients have reported success using HBPM to identify their triggers, such as nonsteroidal anti-inflammatory drugs, sodium, caffeine, or stress, and increased motivation to adhere to medication and a heart-healthy lifestyle.

Disclosures

None.

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