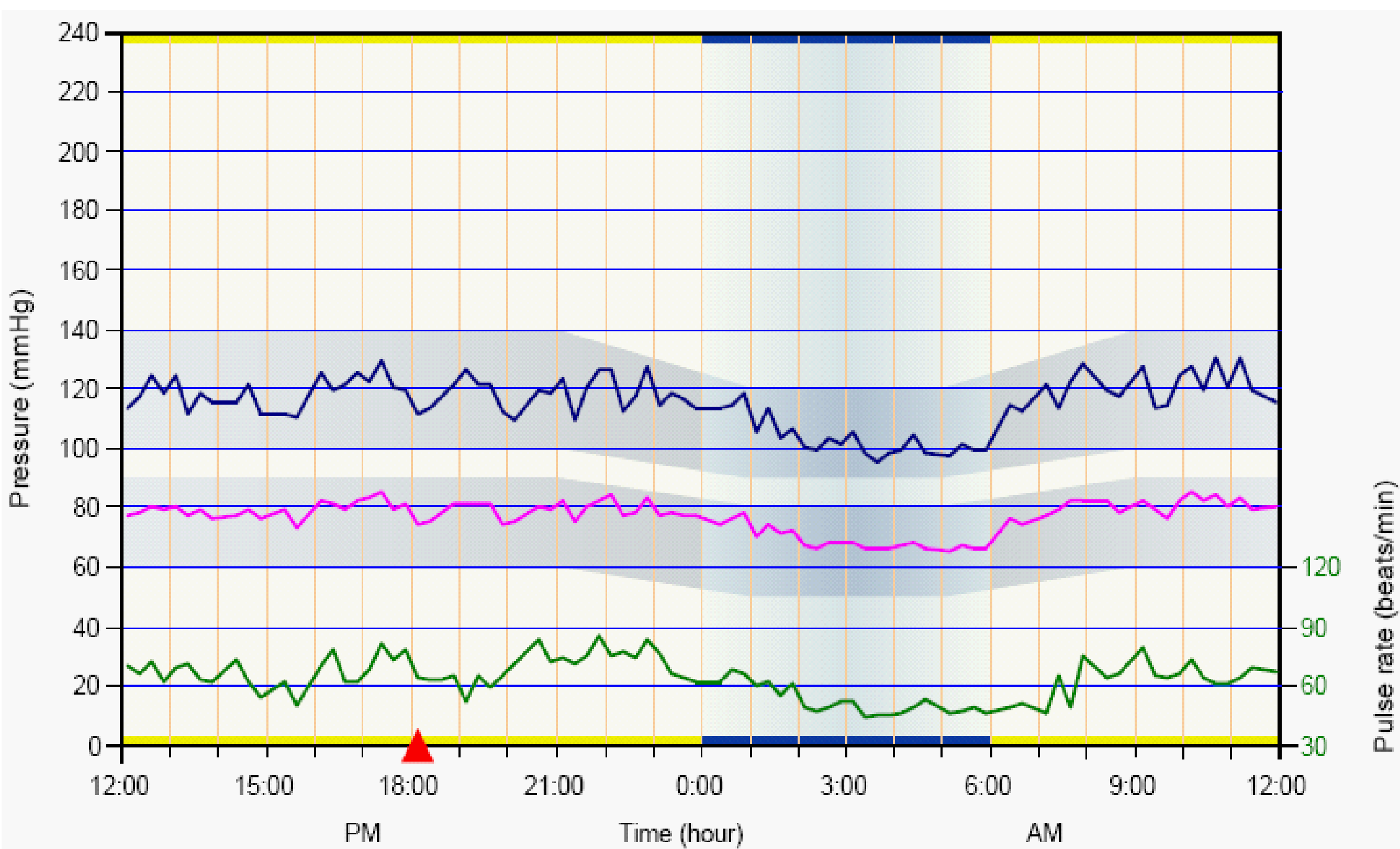




Ambulatory Blood Pressure Monitoring (ABPM)

Normal BP Pattern

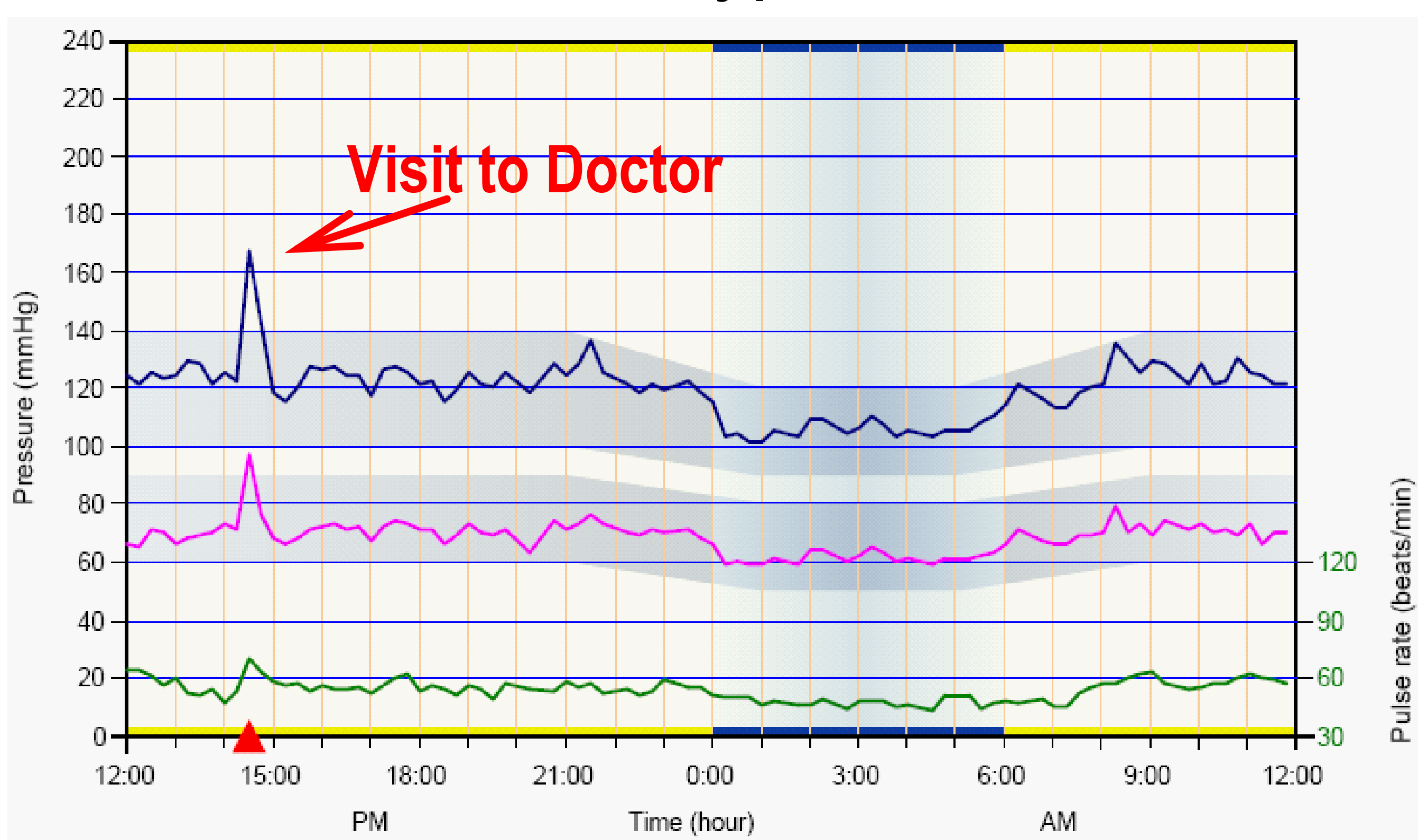


Normal BP Pattern

A person's blood pressure (BP) fluctuates over 24 hours. For a 'normal' BP pattern, both the systolic and diastolic pressures should be within their respective optimal range. These fluctuations should also follow a person's bio-rhythm, with the night time BP being 10-15% lower than the daytime BP. Sustained elevated BP beyond the optimal range may result in hypertension related diseases like stroke, coronary heart diseases, kidney failure and other vascular diseases.

Other Uncomplicated BP Patterns

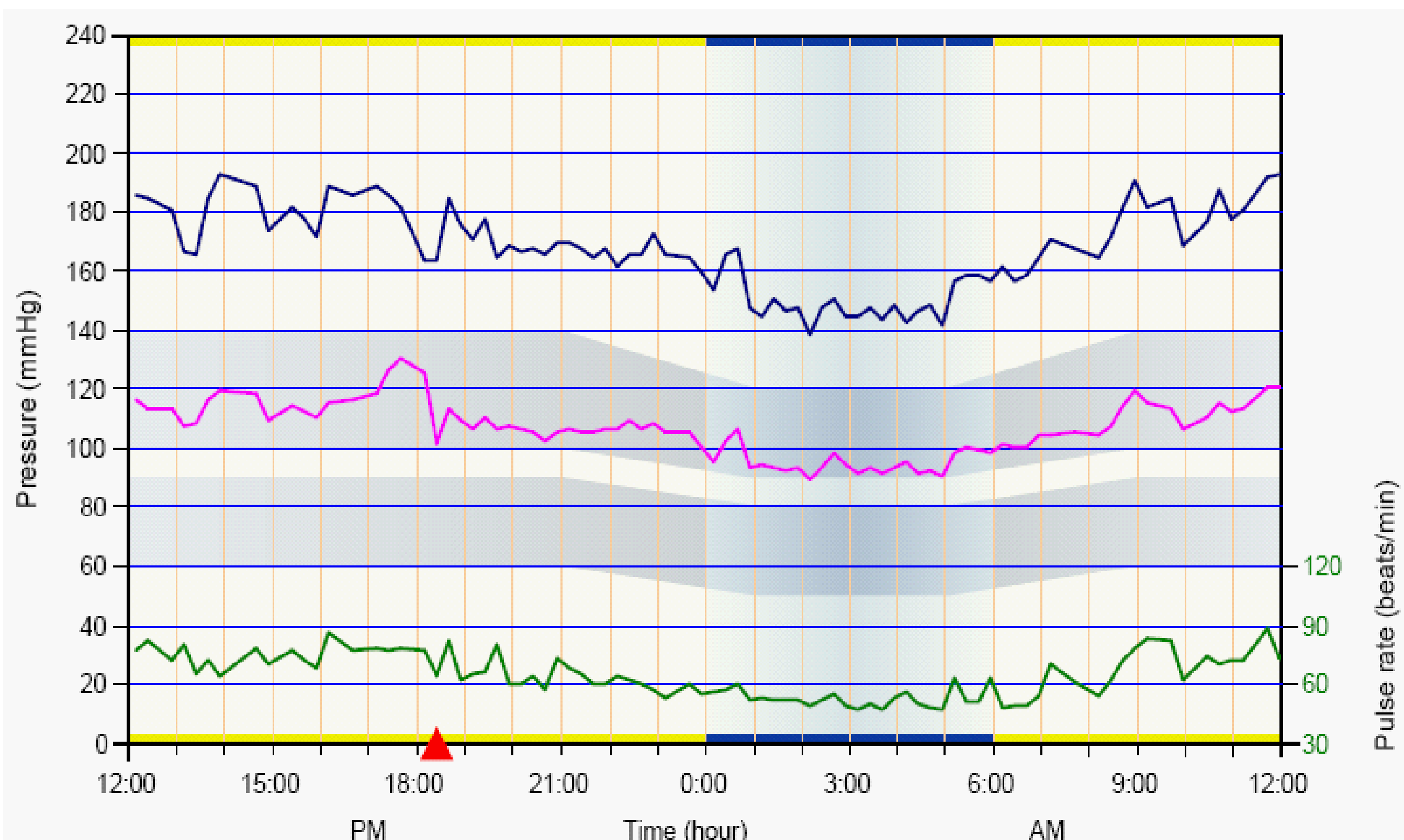
White Coat Hypertension



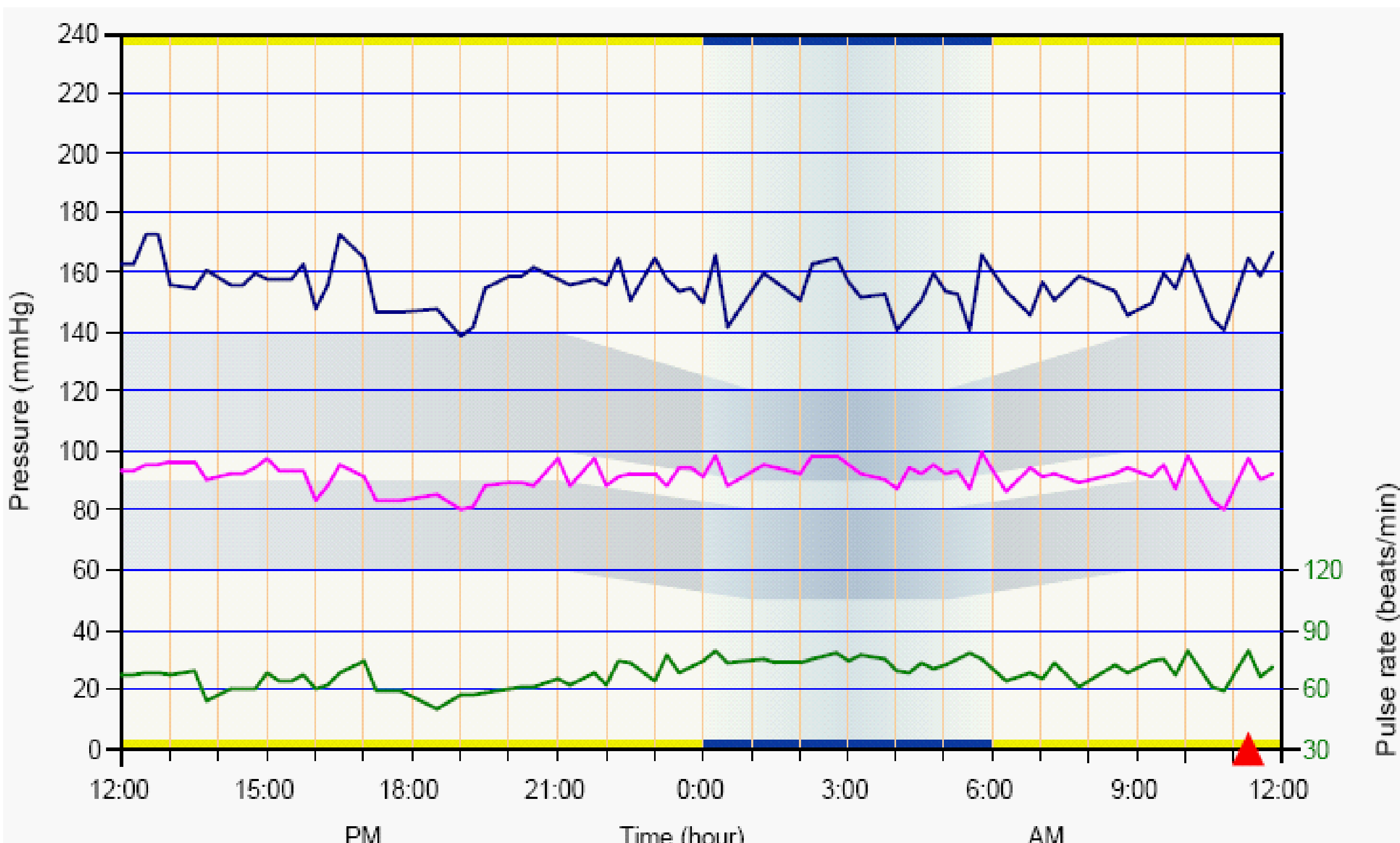
White Coat Normotension or Masked Hypertension

People having this BP pattern generally have normal clinic BP readings. However, beyond the clinic, they have elevated BP profiles which may or may not be any of the abnormal patterns described.

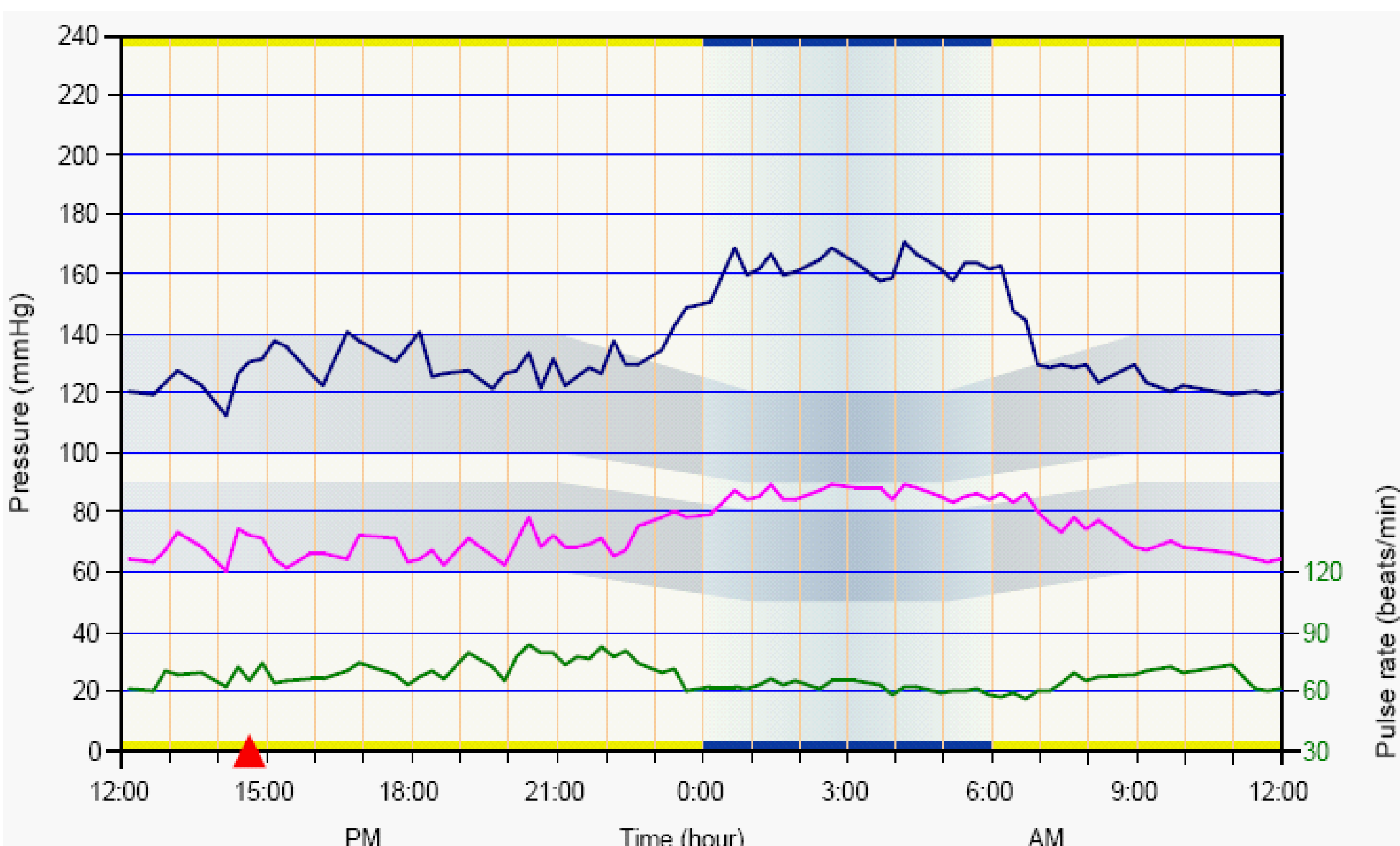
Systolic & Diastolic Hypertension With Night-time Dip



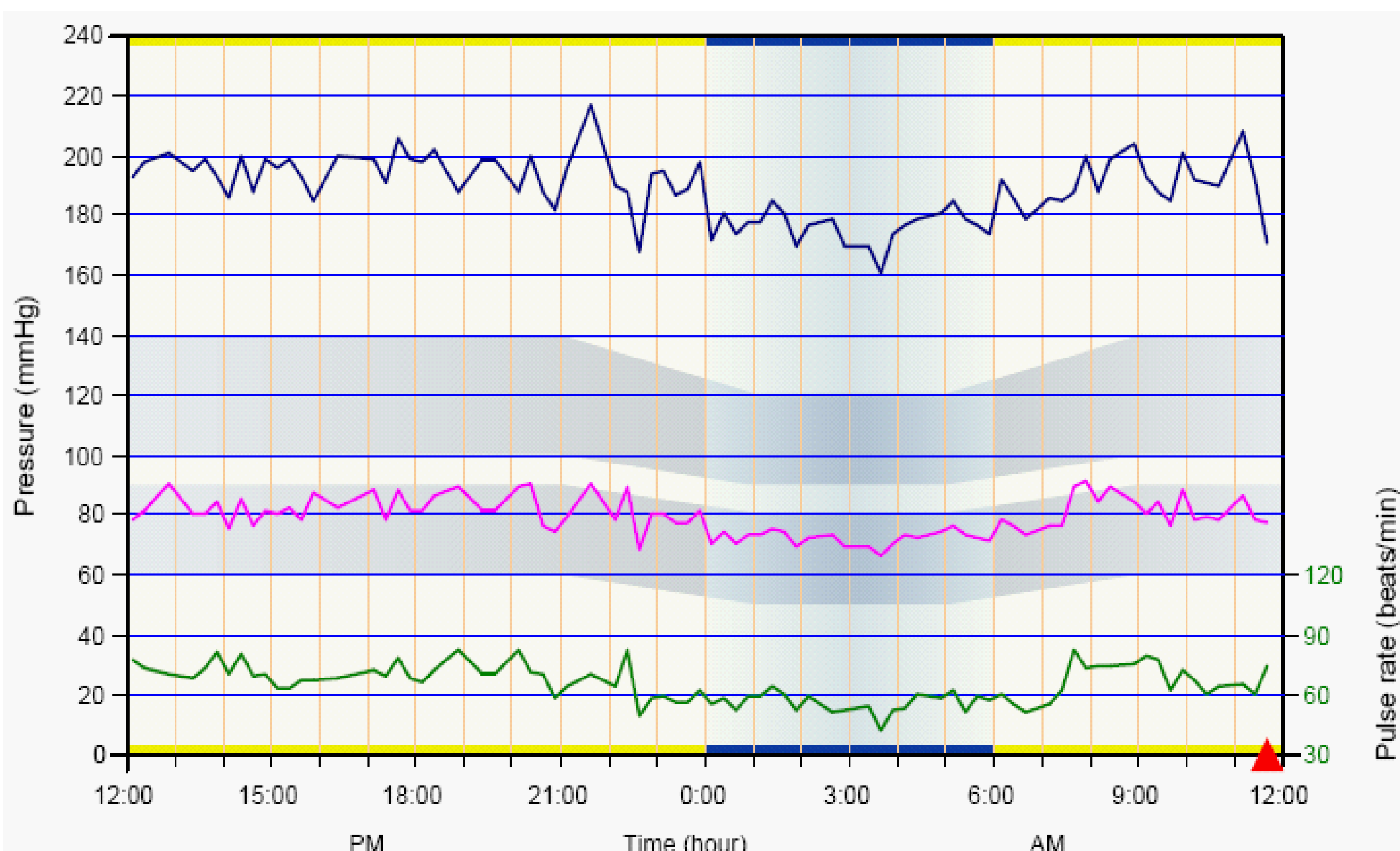
Systolic & Diastolic Hypertension Without Night-time Dip



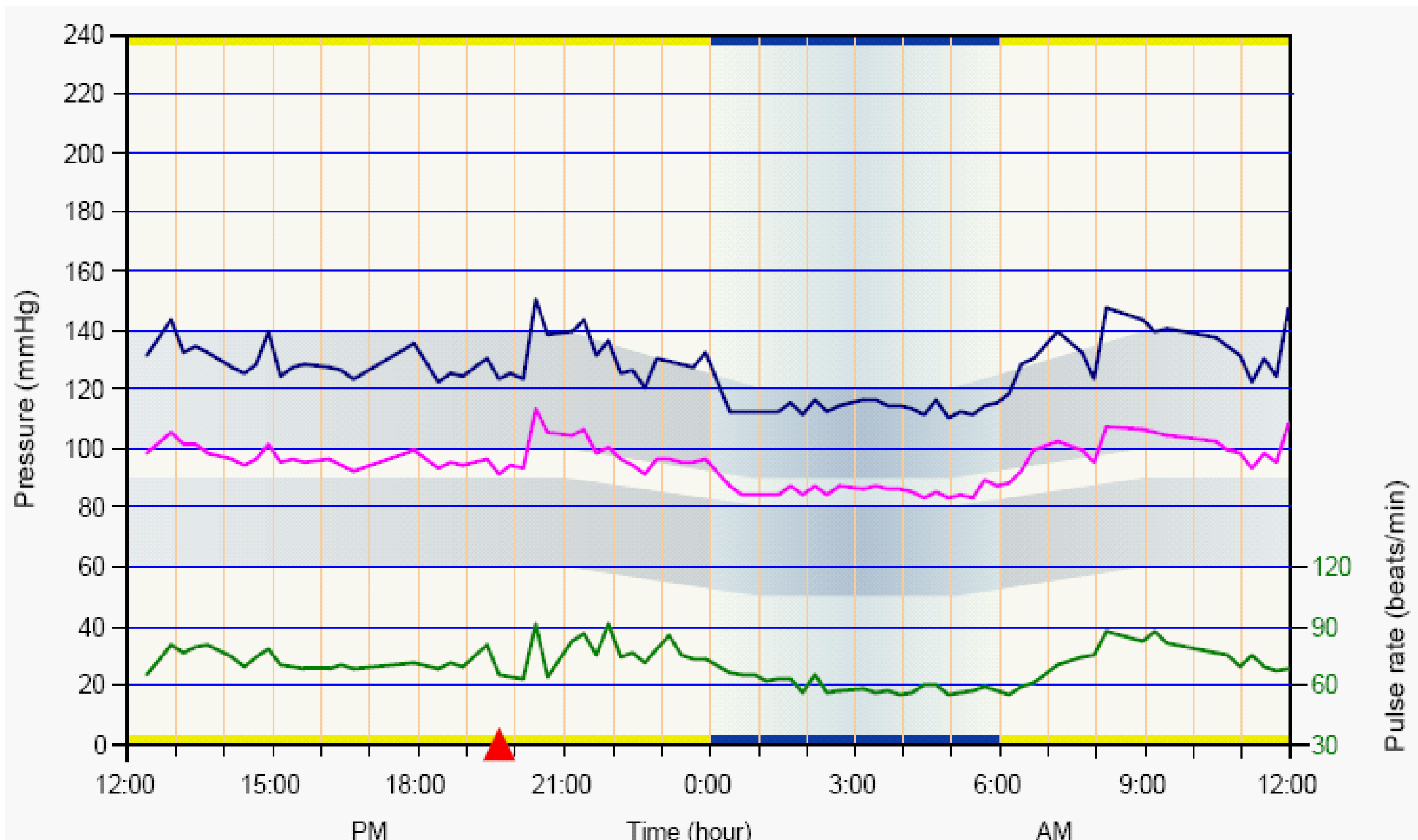
Nocturnal Hypertension



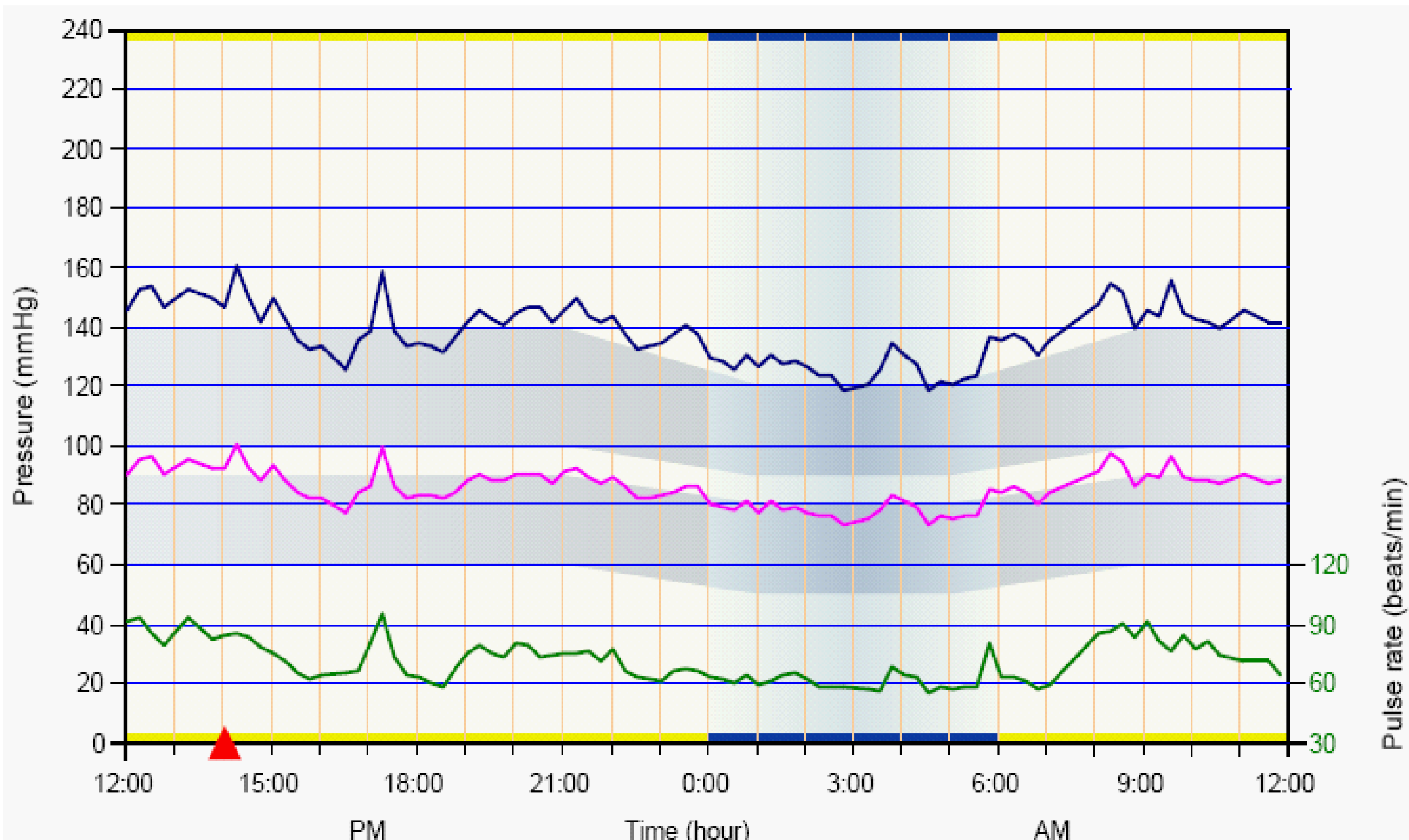
Isolated Systolic Hypertension



Isolated Diastolic Hypertension



Borderline Hypertension



- ✓ Profiles BP Pattern – how blood pressure fluctuates throughout 24 hours
- ✓ BP Pattern shows
 - **Dipping status**
 - **Extent &**
 - **Period**of exposure to elevated BP
- ✓ Enables individualized treatment based on BP patterns,
 - 1) **What** (which class, long- or short-acting)
 - 2) **When** (time to take medication)
 - 3) **How much** (dosage of medication)

- ✓ According to The Dublin Outcome Study*,
 - a) ABPM is superior to clinic BP monitoring in predicting cardiovascular mortality;
 - b) ABPM is indispensable to the management of hypertension and that all patients with elevated clinic BP should have an ABPM;
 - c) Emerging importance of nocturnal blood pressure as an independent risk for cardiovascular outcome.

*Superiority of Ambulatory Over Clinic Blood Pressure Measurement in Predicting Mortality: The Dublin Outcome Study

Hypertension 2005; 46: 156-161

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