

Correspondence

Re: Blood Pressure Checks for Diagnosing Hypertension: Health Professionals' Knowledge, Beliefs, and Practice

To the Editor: We have read with great interest the latest work done by Beverly B. Green et al.¹ This study found health care professional knowledge, beliefs, and practices gaps in diagnosing hypertension. These gaps could lead to clinical care that is not aligned with guidelines. Both American and European scientific societies recommend out-of-office blood pressure (BP) measurement before making a new hypertension diagnosis and initiating treatment, using 24-hour Ambulatory Blood Pressure Monitoring (ABPM) or home BP monitoring. However, this approach is not common.

The study¹ shows how important BP measurement is because it is an essential clinical skill, and adequate knowledge is necessary for health professionals.²

In our study,³ conducted in Spain, in contrast to present study, a majority of health professionals (72%) were able to correctly identify ABPM diagnostic thresholds, with this increasing to 96.6% after a 2-hour training workshop. ABPM is widely used in Spain. In this sense, we want to highlight the importance of ABPM. In our country, it is mainly the nursing staff who monitor hypertensive patients.⁴

This diagnostic test is crucial to know the values of BP at night. In addition, a correct reading and interpretation of the ABPM can reveal the nocturnal pattern of blood pressure (dipper, nondipper, riser). In addition, together with HMBP (Home Blood Pressure Monitoring), it allows the possibility of detecting white coat hypertension, masked hypertension, or therapeutic noncompliance.

Among the different BP measurements, we stress the importance of being aware of the ambulatory values provided by ABPM, both for an adequate diagnosis and for follow-up.⁵ Knowing the circadian variation of BP,⁶ as well as the value of nocturnal BP that has shown for years a prognostic value,⁷ can only be done through ABPM.

Second, the effectiveness of the training action and, therefore, the acquisition of knowledge and its implementation with a validated tool³ should be evaluated

periodically. In this sense, it is essential to have a questionnaire that will allow us to compare different teaching actions.

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References

1. Green BB, Anderson ML, Ehrlich K, et al. Blood pressure checks for diagnosing hypertension: health professionals' knowledge, beliefs, and practices. *J Am Board Fam Med* 2022;35:310–9.
2. Todkar S, Padwal R, Michaud A, Cloutier L. Knowledge, perception and practice of health professionals regarding blood pressure measurement methods. *J Hypertens* 2021;39:391–9.
3. Dalfó-Pibernat A, Dalfo Baque A, Pelegrina Rodríguez FJ, et al. Improving ambulatory blood pressure monitoring knowledge in nurses and doctors: impact of a training intervention. *Eur J Cardiovasc Nurs* 2018;17:742–50.
4. Dalfó Baqué A, Gibert Llorach E, Vila Coll MA, Sabartés Saperas T. Diagnóstico y seguimiento de la hipertensión arterial? Es relevante el papel del personal de enfermería? *Atencion Primaria* 2000;26:180–3.
5. Williams B, Mancia G, Spiering W, et al. 2018 Practice guidelines for the management of arterial hypertension of the European Society of Cardiology and the European Society of Hypertension ESC/ESH Task Force for the management of arterial hypertension. *J Hypertens* 2018;36:2284–309.
6. O'Brien E, Sheridan J, O'Malley K. Dippers and nondippers. *Lancet* 1988;13:397.
7. Ohkubo T, Hozawa A, Yamaguchi J, et al. Prognostic significance of the nocturnal decline in blood pressure in individuals with and without high 24-h blood pressure: the Ohasama Study. *J Hypertens* 2002;20:2183–9.

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