

24h Ambulatory Blood Pressure Monitoring (ABPM) Instructions for health-care professionals

DEVICE

- Use only validated electronic upper-arm cuff device. List of accurate devices at www.stridebp.org.
- Devices for children or pregnant women must be validated specifically in these populations.

CUFF

- Cuff size to fit the individual's arm circumference according to device instructions.
- Smaller cuff than appropriate overestimates and larger underestimates BP.

IMPLEMENTATION

- Perform ABPM preferably on a routine working day.
- 10-15 min are needed to initialise and fit the monitor.
- Frequency of measurement 30 min during daytime and night-time.
- Wrap the cuff on the non-dominant (bare) arm with lower edge 2-3 cm above the elbow crease and mid-point of bladder over the brachial artery.
- Take a test measurement.

PATIENT'S INSTRUCTIONS

→ Explain:

- The device function and procedure.
- How to refit the cuff if it becomes loose.
- How to switch off the monitor in case of malfunction.

→ Ask to:

- Follow usual daily activities.
 - Remain still with arm relaxed and avoid talking during measurements.
 - Avoid driving. If necessary, then stop (if possible), or ignore measurement.
 - Take off the monitor to take a shower or bath.
 - Place the monitor on the bed or under the pillow during sleep.
- Give patient a form to record sleeping times, drug intake, any symptom or problem during ABPM.

INTERPRETATION

- Repeat ABPM if less than 20 valid awake or 7 asleep BP readings.

ABPM thresholds for hypertension diagnosis			Night-time BP patterns	
24h average:	≥130/80 mmHg	Primary criterion	Fall 10-20%:	Dipper
Daytime (awake) average:	≥135/85 mmHg	Daytime hypertension	Fall <10%:	Non-dipper
Night-time (asleep) average:	≥120/70 mmHg	Night-time hypertension	Fall >20%:	Extreme dipper