

# Office Blood Pressure Monitoring Instructions for health-care professionals

## DEVICE

- Use preferably validated electronic upper-arm cuff device. List of accurate devices at [www.stridebp.org](http://www.stridebp.org).
- Devices taking automated triplicate measurements are preferred.
- Devices for children or pregnant women must be validated specifically in these populations.
- Alternatively, auscultatory devices (hybrid or good quality shock-resistant aneroid) can be used.
- Annual maintenance of device is necessary.

## CUFF

- Cuff size to fit the individual's arm circumference. Smaller cuff overestimates and larger underestimates BP.
- For electronic devices select cuff size according to the manufacturer's instructions.
- Each electronic device has its own cuffs, which are not interchangeable with those of other devices.
- For auscultatory devices the length of inflatable bladder to cover 75-100% of the individual's arm circumference and the width 37-50%.
- Wrap the cuff around bare arm with lower edge 2-3 cm above the elbow crease and mid-point of bladder over the brachial artery.

## CONDITIONS

- Quiet room with comfortable temperature.
- No smoking, caffeine, food and exercise 30 min before measurement.
- Empty bladder.
- Sitting rest for 5 min.
- No talking of patient or staff during or between measurements.

## POSTURE

- Sitting on chair with back supported.
- Legs relaxed and uncrossed, feet flat on floor.
- Arm resting on table with mid-arm at heart level.

## PROCEDURE

- Take 3 BP readings with 1 min intervals (or 2 readings if both low) and average the last 2.
- 2-3 office visits at 1-4-week intervals are usually required.
- Measure standing BP in treated hypertensives, when there are symptoms suggesting postural hypotension, particularly in the elderly and in patients with diabetes or neurodegenerative disease.
- At initial visit measure BP in both arms.

## INTERPRETATION

Office BP (mmHg)	Probable diagnosis	Action
<130/85	Normotension	Remeasure after 1 year (6 months if other risk factors).
130-139/85-89	High-normal BP or masked hypertension	Perform home or ambulatory BP monitoring. If not available confirm with repeated office visits.
140-159/90-99	Grade 1 or white-coat hypertension	
≥160/100	Sustained hypertension	Confirm within a few days or weeks. Ideally use home or ambulatory BP monitoring. Treat immediately if BP is very high (e.g. ≥180/110 mmHg) and there is evidence of target organ damage or cardiovascular disease.