ABPM Interpretation Summary Guidelines

Analyzing the data:

Number of measurements:
- minimum acceptable number: 14 day, 7 night.

ABPM result patterns:
- normal awake and asleep periods
- white coat syndrome (includes white coat hypertension and white coat effect)
- borderline hypertension
- nocturnal hypertension
- systolic and diastolic hypertension, dipper
- systolic and diastolic hypertension, non-dipper
- isolated systolic hypertension
- isolated diastolic hypertension
- excessive blood pressure variability

Mean blood pressure averages: total 24 hour, awake, asleep periods:

<table>
<thead>
<tr>
<th>CANADIAN ABPM GUIDELINES</th>
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<tbody>
<tr>
<td>PROBABLY</td>
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<tr>
<td>NORMAL</td>
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<tr>
<td>Systolic average (mmHg)</td>
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<tr>
<td>Awake</td>
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<tr>
<td>Asleep</td>
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<tr>
<td>Total</td>
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<tr>
<td>Diastolic average (mmHg)</td>
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<tr>
<td>Awake</td>
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<tr>
<td>Asleep</td>
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<td>Total</td>
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Dipper status:
- Normal Dipper: >10% difference day to night
- Non-Dipper: <10% difference day to night
- Excessive dipper: > 20% difference day to night.

24-hour pulse pressure (difference between total average SBP-DBP):
- Low CV risk: awake ABPM <135/85
- Intermediate CV risk: normal dipper (>10%) and < 53 mm Hg and ABPM elevated
- High CV risk: non-dipper (<10%) or 24 hr PP > 53 mm Hg

White coat status:
- A white coat effect exists when the difference between OBP and ABP or home blood pressure >20 mm Hg for systolic and >10 mm Hg for diastolic average values.
- White coat hypertension is raised OBP and normal ABPM untreated.

References:

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