[gw22-e0190]

REPRODUCIBILITY OF AMBULATORY BLOOD PRESSURE MONITORING IN THE VERY ELDERLY HYPERTENSIVES

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10.1136/heartjnl-2011-300867.573

Objective To examine the reproducibility of parameters of ambulatory blood pressure measurements in the very older hypertensive patients with age $\geq$ 80 years old.

Methods Fifty essential hypertensive patients with 140 mm Hg $\leq$ systolic blood pressure (SBP) 0.50, 24 HAPP (62.2 $\pm$ 9.2 mm Hg vs 61.6 $\pm$ 11.0 mm Hg $p=0.54$), NAPP (63.0 $\pm$ 11.4 mm Hg vs 60.0 $\pm$ 12.3 mm Hg $p=0.06$), DAPP (62.2 $\pm$ 9.5 mm Hg vs 62.1 $\pm$ 11.2 mm Hg $p=0.94$), MaxSBP (171.9 $\pm$ 16.0 mm Hg vs 175.7 $\pm$ 20.2 mm Hg $p=0.11$), MinDBP (47.4 $\pm$ 6.5 mm Hg vs 46.4 $\pm$ 5.8 mm Hg $p=0.29$), SBPL (37.2 $\pm$ 23.4% vs 35.3 $\pm$ 21.9%, $p=0.40$), DBPL (7.2 $\pm$ 10.1% vs 6.4 $\pm$ 8.1% $p=0.50$), NSBPRR (3.1 $\pm$ 8.7% vs 5.4 $\pm$ 9.2% $p=0.12$), NDBPRR (7.3 $\pm$ 10.1% vs 7.4 $\pm$ 9.8% $p=0.95$), 24HDBPV (0.16 $\pm$ 0.04 vs 0.17 $\pm$ 0.05 $p=0.12$), NSBPV (0.12 $\pm$ 0.05 vs 0.12 $\pm$ 0.04 $p=0.98$), NDBPV (0.15 $\pm$ 0.06 vs 0.15 $\pm$ 0.07 $p=0.84$), 24 HHR (68.0 $\pm$ 8.2 bpm vs 67.1 $\pm$ 7.8 bpm, $p=0.13$). The results of above parameters are not significantly different, besides 24 HSBPV (0.12 $\pm$ 0.03 vs 0.15 $\pm$ 0.04 $p=0.01$), DSBPV (0.13 $\pm$ 0.03 vs 0.15 $\pm$ 0.04 $p=0.04$), DDBPV (0.15 $\pm$ 0.04 vs 0.17 $\pm$ 0.05 $p=0.02$), which are different significantly between the first and second day.

Conclusion There was good reproducibility of ambulatory blood pressure recordings, which suggests that ambulatory blood pressure monitoring is a reliable tool to monitor blood pressure changes in the very older hypertensives.