

## CONTRIBUTION OF AMBULATORY BLOOD PRESSURE MONITORING IN THE MANAGEMENT OF ANTIHYPERTENSIVE THERAPY IN THE ELDERLY

L. Gaspar, A. Dukat, P. Gavornik

2<sup>nd</sup> Dept. of Medicine, Comenius University Hospital and Medical Center,  
Bratislava, Slovak Republic

In the elderly it is especially important to use drugs which not interfere with cognitive functions, they do not induce weakness or cause orthostatic hypotension. The results of ambulatory blood pressure monitoring ( ABPM ) allows to make antihypertensive therapy more precise and to follow its effectiveness. Aim of the study was to verify the contribution of ABPM in the management of antihypertensive therapy in the elderly

**Design and Methods** : 175 elderly patients aged 60 – 82 years (average of 67) have been followed – up with ABPM, oscillometric Meditech or Marquette – Hellige device. 22 (12,6 %) of them have been excluded from the study because of prematurely monitoring stop or device failure. ABPM over 24 hour was in 59 patients (38,6 %) used as diagnostic tool of hypertension and in 94 patients (61,4 %) as control of treatment effectiveness.

**Results** : The 24 hour average syst. / diast. values have been 137,9 / 77,4 mmHg. The loss of diurnal pattern could be observed in 57 ( 37,3 % ) subjects, and in 8 patients (5,2 %) was not estimated because of vigilance. The results of ABPM confirmed also the necessity for multiple medications in the majority of patients to achieve goal blood pressure, as well in systolic hypertension.

**Conclusions** : ABPM may be helpful for identification of patients with permanent or transient hypertension or hypotension. The advantage of these method in clinical practice is in the possibility of following the reaction of BP to common conditions in the life and so better prevent possible complications. Age is no limitation of ABPM examination, but it increase the number of diurnal pattern loss and cases of vigilance. This method can be used as compliance-promoting intervention to motivate some patients to prevent risk of complications e.g. hypertensive emergency or urgency.