

Dear Clinicians,

I start off this blurb with a question. What clinical skill could be so challenging that only 1 out of 159 selected medical students (from 34 different U.S. medical schools) completed it successfully? Was it a challenging skill like the ophthalmologic exam? Endotracheal intubation? Lumbar Puncture? Thoracentesis? NO. It was blood pressure measurement. JAMA recently published a short research article revealing the results of a skills challenge performed at a prestigious medical conference. Using the American Heart Association (AHA) blood pressure measurement protocol as the standard of care, the results were sobering. The most frequent step in the protocol omitted was the requirement to wait 5 minutes before measuring the blood pressure.

The new HTN guidelines came out this week with all the focus on a new treatment target of 130/80. Lost in the shuffle was the emphasis on blood pressure measurement protocol. The American Heart Association has stated that, "a goal systolic pressure of <120 mm Hg, as determined by blood pressure assessment as per research protocol, was associated with a significant reduction in the incidence of HF and an overall decrease in cardiovascular death. Blood pressure measurements as generally taken in the office setting are typically 5 to 10 mm Hg higher than research measurements; thus, the goal of <130/80 mm Hg is an approximation of the target blood pressure in conventional practice." I think this statement is very generous in saying the office setting BP are 5-10 mm Hg higher than research. A lot of the research estimates readings twice as high as this latter estimate.

In conclusion, we thank you for making time for your ancillary staff to undertake our blood pressure measurement clinics that emphasize the AHA protocol. We have videos on the BPVisit website (www.CDNetwork.org/bp-visit). We appreciate you considering the use of automated devices over manual measurement. These are all instant methods of improving your BP control rates because BP values are inevitably lower using these methods. Last, ask your staff if they are waiting a full 5 minutes after the patient has been comfortably seated in the exam room before taking their blood pressure. It makes a big difference, especially if the patient is one that expends a lot of energy ambulating (eg. morbidly obese, using walkers, musculoskeletal pain syndromes).

If you have specific questions related to hypertension management, Dr. Williams can be reached directly by email at Stephen.Williams@nyumc.org, or by phone at 646-320-8075.

Have a great weekend!

THE BP VISIT PROJECT TEAM

