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QUESTIONS-RÉPONSES QUESTIONS AND ANSWERS

UNMASKING HYPERTENSION

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THE CASE

Mr NS, a 25-year-old man, consults his physician for evaluation of persistently elevated home blood pressure (BP) = 150/100 recently and incidentally discovered.

Patient reports that he has always enjoyed good health and is asymptomatic.

Physical examination revealed office (clinic) BP levels of 120/80 in both arms and in both supine and standing positions, and weight 90 kg and height 160 cm.

I. Does this patient have hypertension?

- A. Yes
- B. No

II. How would you classify this patient's hypertension?

- A. White coat hypertension
- B. Masked hypertension

III. What would be the most appropriate management approach in this patient?

- A. Reassure patient.
This type of BP elevation does not carry any risk of future cardiovascular events.
- B. Initiate antihypertensive therapy despite "normotensive clinic BP levels".
- C. Request ambulatory BP (ABP) monitoring.

Correct answers

- I. A. [Yes]
- II. B. [Masked hypertension]
- III. C. [Request ambulatory BP monitoring]

WHAT IS MASKED HYPERTENSION ?

Definition

- Also known as isolated ambulatory blood pressure.
Characterized by :
- Normal BP on conventional BP measurement at the office.
 - Elevated daytime or awake ABP.

Prevalence

About 10% of hypertensive population with a tendency to decrease with age.

Population at risk

- Children.
- Young adults.

Diagnostic approach

- ABP monitoring.

Prognostic significance

- Development of persistent hypertension.
- Target organ involvement.
- Increased risk of future cardiovascular events.

Predisposing factors

- Obesity.
- Strong family history of hypertension at a young age in parents.
- Young age.

Treatment

- No clinical trials performed.
- Lifestyle modifications recommended.

References

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3. Gradman AH, Schmieder RE, Lins RL et al. Aliskiren, a novel orally effective renin inhibitor, provides dose-dependent antihypertensive efficacy and placebo-like tolerability in hypertensive patients. Circulation 2005 ; 111 : 1012-18.