Role of Ambulatory Blood Pressure Monitoring in Postcoronary Intervention Patients

Jyotsna Maddury

Department of Cardiology, NIMS: Punjagutta, Hyderabad, Telangana, India

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Ambulatory blood pressure monitoring (ABPM) was done previously mainly to monitor the blood pressure (BP) control, for detection of white coat hypertension or masked hypertension and drug therapy adjustments. As BP variability is associated with increased cardiovascular events, ABPM is used in many conditions like acute coronary syndromes, obstructive sleep apnea, chronic kidney disease, and risk of fall injury in elderly hypertensive patients for prognostication.

There are studies on the applicability of ABPM in postcoronary intervention also. According to Yang et al, percutaneous coronary intervention (PCI) causes improvement of BP indices, which can be picked up by ABPM. Tocci et al thought that ABPM may play a role in normotensive patients also after PCI. They showed that BP variability recorded on ABPM correlated with the subsequent stent restenosis.

In this issue, Krishna et al studied the different BP parameters and indices derived by ABPM in post-PCI patients. Mainly they tested whether there was a difference in these ABPM parameters in between the males and females. Slightly more than one-fifth of the study population was females (21%). Even though the authors mentioned consecutive patients were included in the study, 21% of females in the study population are not the correct reflection of the incidence of coronary artery disease (CAD) in women. This may be because less number of females undergoes PCI even now in contrast to the West where this disparity is decreasing.

Even though there were less percentage of female population in this study, this original article throws light on certain factors like in CAD patients undergoing PCI, there was no difference in the ABP parameters between males and females and nondippers were more in both males (54.4 vs 45.6%) and females (76.2 vs 23.8%) when compared with the dippers. This higher incidence of nondippers on ABPM in both sexes requires special attention as these patients are likely to suffer from more cardiovascular events subsequently.

References