

CAN THE AMBULATORY BLOOD PRESSURE MONITORING IN TREATED HYPERTENSIVE PATIENTS MODIFY THE CLASSIFICATION OF THE REGICOR TABLE?

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The cardiovascular risk guides are models of multiple variables. The most used in Catalonia is the Regicor table. It is divided into low (<5%), moderate (5-9%), high (10-14%) and very high (>15%) risk groups.

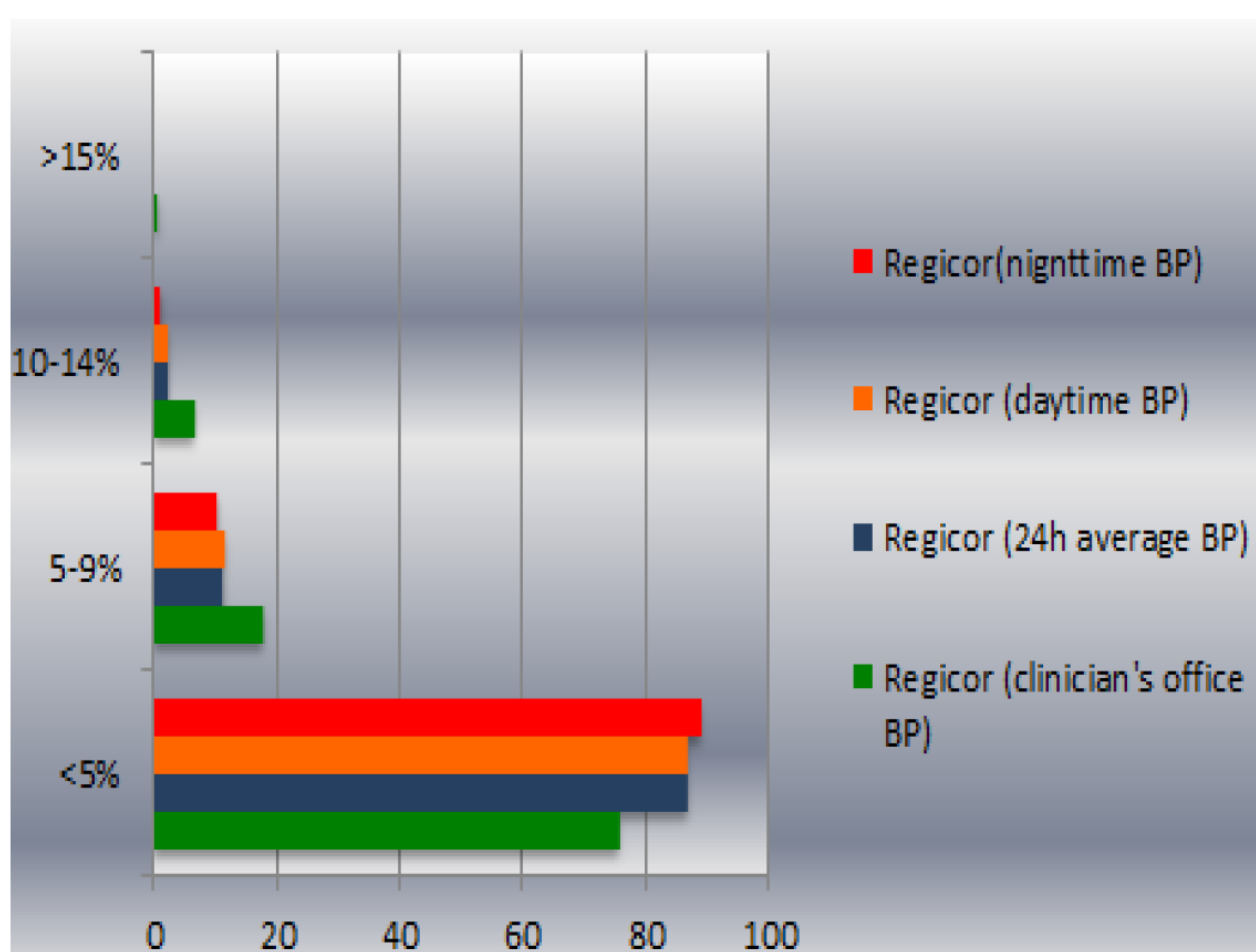
Objective: To analyze if the cardiovascular risk classification changes, by comparing a) the score obtained if we use ambulatory BP (blood pressure) monitoring with b) clinician's office BP.

Design and method: We reviewed 189 hypertensive patients with ambulatory BP monitoring who were compatible with normotension, and had arrived to the hypertension unit from November 2011 to October 2012.

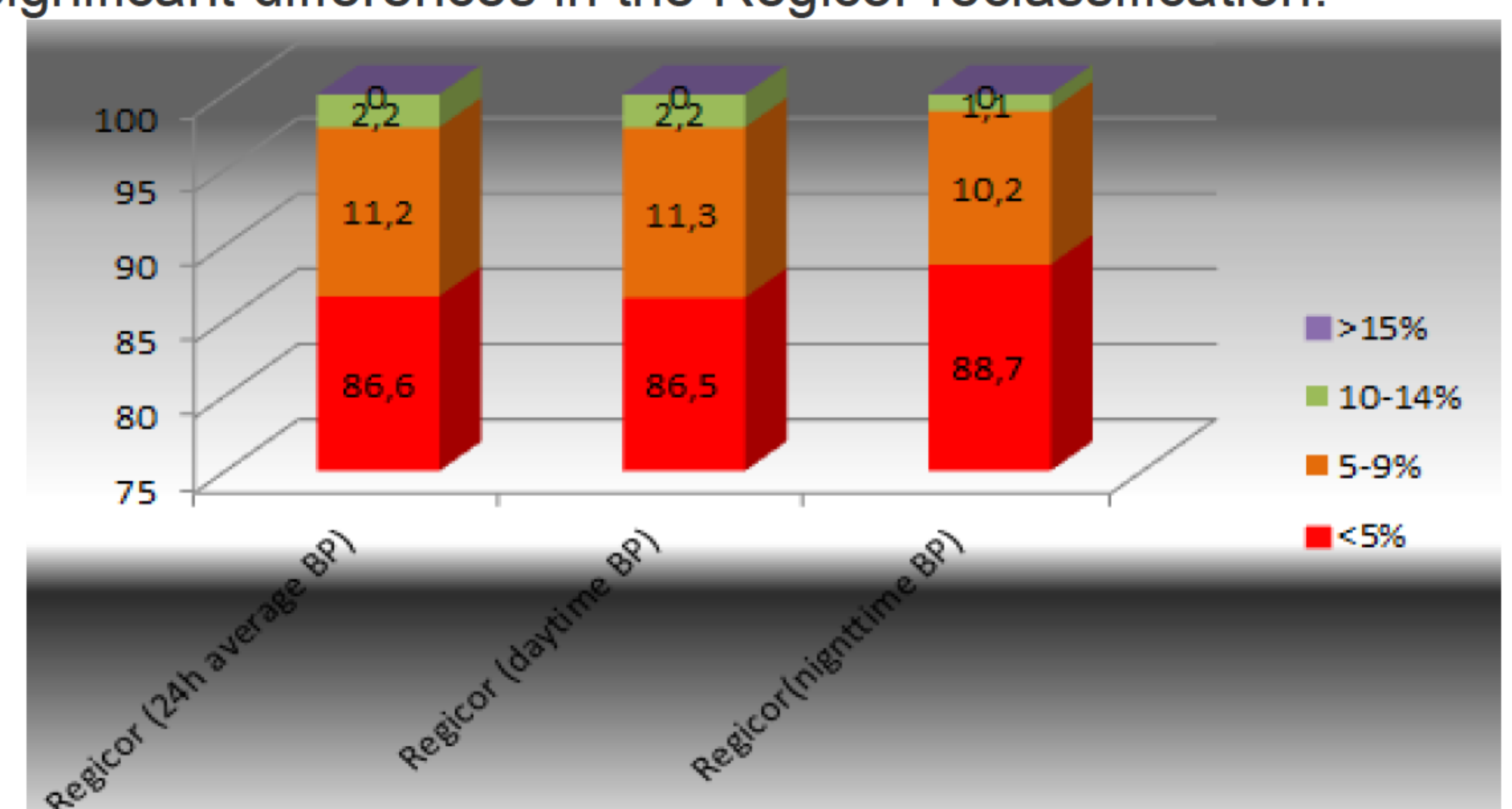
Results: 189 patients, 55.6% men, average age 53.29 (± 17.62) years old, body mass index 28.52 (± 6.72) kg/m², waist circumference 96.33 (± 14.24) cm, 20.6% of them were diabetic. All with average BP within the normal range, 47.1% nondipper's and 18.5% were risers..

We divided the patients into 4 groups according to the Regicor table using office BP: 141 (75.4%) were in the low risk group, 33 (17.6%) in the moderate risk group, 12 (6.4%) in the high risk group and 1 (0.5%) in the very high risk group. If we classify patients according to the 24-hour average BP the categorization varies into the following results: 161 (86.6%) had low, 21 (11.3%) moderate, 4 (2.2%) high and no patients with high risk. This variation is statistically significant (p < 0.0001).

Regicor	<5%	5-9%	10-14%	>15%
Regicor (clinician's office BP)	75,4	17,6	6,4	0,6
Regicor (24h average BP)	86,6	11,2	2,2	0
Regicor (daytime BP)	86,5	11,3	2,2	0
Regicor (nighttime BP)	88,7	10,2	1,1	0



By comparing the classifications obtained using the data provided by the ambulatory BP monitoring (24-hour average BP; daytime BP and nighttime BP) and comparing them amongst the three groups we found that there are no significant differences in the Regicor reclassification.



Conclusions:

1) By classifying hypertensive treated patients according to the BP obtained from the ambulatory BP monitoring we found that the Regicor cardiovascular risk classification decreases compared to the office BP.

2) But there are no differences when we compared the classifications using the data provided by the ambulatory BP monitoring amongst them

