Evidence suggests that in-office blood pressure screening may not be sufficient for diagnosing hypertension. Factors that affect blood pressure accuracy in the office can lead to a variance of 5-20 mmHg — any one of these activities can lead to a variance of 5-20 mmHg.

Factors that affect blood pressure accuracy in the office:

- 20 mmHg difference between pre-hypertension and hypertension diagnoses
- 5-15 mmHg Average measurement error
- White coat effect
- Activity that day
- Clinician technique
- Cuff size/placement
- Equipment

There is a greater probability accuracy will be affected when multiple factors are present.

Blood Pressure Averaging: Capturing an average of multiple BP readings in the office helps to mitigate some factors that affect blood pressure accuracy.

Ambulatory Blood Pressure Monitoring (ABPM) is the best method for confirming elevated office blood pressure measurements before administering hypertension therapies.

Annual ABPM screening is recommended for:

- Ages 40 and older
- Patients with BP in the African-American, obese, or overweight range
- Up to 65% of patients who have high blood pressure readings in the office are NOT diagnosed as hypertensive after ambulatory blood pressure monitoring.

ABPM can help avoid misdiagnosis and overtreatment of persons with isolated clinic hypertension.

Why?

- Welch Allyn Connex Spot Monitor
  - BP Averaging program with SureBP® technology allows you to capture 3 readings in the office in as little as 45 seconds
- Welch Allyn ABPM 7100 Ambulatory Blood Pressure Monitor
  - BHS A/A rated technology with simple-to-understand reports

TOOLS TO HELP YOU manage hypertension in your practice

- Welch Allyn Connex Spot Monitor
- Welch Allyn ABPM 7100 Ambulatory Blood Pressure Monitor

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