

White-Coat Effect Accounts for One Third of Resistant Hypertension Cases

Ambulatory blood pressure monitoring reveals the prevalence and characteristics of true versus white-coat resistant hypertension.

The prevalence of resistant hypertension (RH), defined as persistent elevation in office-measured blood pressure (BP) despite the use of three or more antihypertensive agents (including a diuretic), is not well established. To find out more, investigators used data from the Spanish Ambulatory Blood Pressure Monitoring (ABPM) Registry, funded by the developer of an ABPM platform and network. Of 68,045 patients treated for hypertension, 8295 had RH (51.4% men; mean age, 64.4; mean duration of hypertension, 11.1 years). Of these, half were obese, 13% were smokers, and 32% had type 2 diabetes.

According to ABPM findings, 62.5% of the RH patients had true RH, and 37.5% had normal values on ABPM and were considered to have white-coat hypertension. Compared with the white-coat group, the true-RH group had higher rates of cigarette smoking, diabetes, left ventricular hypertrophy, microalbuminuria, and previous cardiovascular disease. In addition, the true-RH patients were younger, were more likely to be male, and had a longer duration of hypertension.

Comment: In this large cohort of patients who underwent ambulatory blood pressure monitoring, about one in eight had resistant hypertension. Of these, one third turned out to have white-coat hypertension. These findings suggest that to ensure a correct diagnosis and to assist in management decisions, ABPM is warranted in all hypertensive patients whose BP is not controlled on three or more drugs.

— [Joel M. Gore, MD](#)

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