



Provider Guide to Patient Self-Monitoring of Blood Pressure

“BP self-measurements may benefit patients by providing information on response to antihypertensive medication, improving patient adherence with therapy, and in evaluating white-coat hypertension.”

-Excerpt from JNC-7

Why/When self-monitoring of blood pressure (SMBP) is helpful

- SMBP is especially useful for patients with poorly controlled hypertension.
- Can be used to titrate medications, improve control and screen for white-coat hypertension.
- Due to issues with office measurements, home readings may be an equal or sometimes better predictor of cardiovascular risk and of target organ damage than office readings.
- In the absence of symptoms, self-monitoring can help engage and motivate patient participation in managing their condition.

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888-MICH-EHR | mceita@altarum.org

Introducing self-monitoring to your patient

- Encourage patients to “know their numbers” and describe in layman’s terms what the numbers mean.
- Provide guidance on selecting a monitor
 - Brachial cuff models are often more accurate than wrist or finger models
 - Fully automated inflation cuff (rather than a manually inflated one)
 - Appropriate size
 - Models with memory, printers or Bluetooth capability are helpful but may be more expensive

One resource is:

http://www.dableducational.org/sphygmomanometers/devices_2_sbpm.html#UpperArm

- Validate the monitor by checking its reading against your office equipment.
- Teach patients proper technique.
 - Rest at least 5 minutes before taking your blood pressure
 - Avoid smoking, caffeinated beverages or exercise for at least 30 minutes before measurement
 - Take your blood pressure before (not after) you eat
 - Sit comfortably with your back supported, legs uncrossed, feet on the floor and arm supported at the level of your heart
 - Ideally take 3 measurements at one sitting and record the average
- Provide self-blood pressure monitoring tools for patients to easily keep track of their numbers at home.

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Prescribe self-monitoring frequency

Initially, blood pressure measurements should be taken in the morning and evening for 3-4 consecutive days. Disregard the first day when averaging outpatient readings. Home blood pressures are generally lower than office pressures (mean 8/6 mmHg lower).

RECOMMENDED PROTOCOL	
Clinical Goal	Monitoring Frequency/Duration
Titration Medication	<ul style="list-style-type: none">• Until home levels are below 135/85• To assess peaks/troughs compare morning and evening values to those obtained 3-4 hours after medication is taken
Enhance Medication Adherence and Maintain Control of High Blood Pressure	<ul style="list-style-type: none">• Emphasize patient education• Adjust frequency to patient self-management goals• Encourage recording of lifestyle changes and their effect on pressure
Screen for White Coat Hypertension	<ul style="list-style-type: none">• Morning and evening measurements for 2-4 weeks• If no evidence of end-organ damage and mean is < 130/80, medication may not be necessary• Consider confirming with ambulatory blood pressure monitoring

Create office systems to easily integrate home blood pressure monitoring into your practice.

- Identify a support staff member who can teach patients how to use monitors, validate devices, and review action plans and blood pressure logs.
- Develop a protocol to address frequency of office visits, handle inquiries from patients about home monitor concerns, etc.
- Consider organizing hypertension support groups for your patients or using peer educators to teach patients how to measure blood pressure at home.

Make sure your patients know how to respond to questions or an emergency.

- Ensure that patients know to call 911 immediately if they have signs or symptoms of a heart attack or stroke.
- Advise patients what to do in case of an exceptionally high or low reading.

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