

## **1. Wolves in Sheep's Clothing: Don't Ignore White-Coat and Masked Hypertension**

White-coat hypertension and masked hypertension should not be regarded as benign..!

The researchers followed 1412 people, aged 25 to 74, who were part of the larger PAMELA study, who had office BP readings taken once in the morning and once in the evening, and also--uniquely--two kinds of out-of-office testing: 24-hour ambulatory monitoring and home BP monitoring, using portable home monitors with which subjects checked their BP at 7 am and 7 pm.

After the initial testing, the subjects were reassessed 10 years later to see how many patients from the normal-blood-pressure, white-coat-hypertension, and masked-hypertension groups had developed sustained high blood pressure.

At 10-year follow up, 42.6% of those who originally had white-coat hypertension and 47.1% of those in the masked-hypertension group had sustained high blood pressure, compared with 18.2% of the group who had normal blood pressure in all settings at the beginning of the study.

PAMELA study also showed that those with white-coat or masked hypertension had a prevalence of echocardiographic left ventricular hypertrophy that was greater than that of normotensive subjects. Inappropriate target organ disease (ie, inappropriate for office BP levels), therefore, should trigger suspicion of masked hypertension and motivate physicians to expose a susceptible patient to 24-hour ambulatory BP monitoring. Masked hypertension seems to carry a distinctly more serious prognosis than does white-coat hypertension because it is more difficult to diagnose and therefore is often undertreated.

*Mancia G, et al. Hypertension 2009; 54:00-00. Available at: <http://hyper.ahajournals.org/>.*