

## Should You Worry About White Coat Hypertension?

At least one in five people have blood pressure that's normal at home but elevated at the doctor's office.

Does going to a doctor's office cause you enough stress to raise your blood pressure? If so, you're not alone. Most people with hypertension have higher readings when a doctor takes their blood pressure than when they take it themselves. In fact, as many as 20% to 35% of people diagnosed with hypertension have what appear to be normal blood pressure readings at home.

This phenomenon is known as white coat hypertension (WCH). Some, but not all, experts believe that this condition can lead to unnecessary use of medication.

If your blood pressure is greater than 140/90 mm Hg on two or more separate occasions in a doctor's office, there are several ways to find out whether you have WCH.

- First, if your doctor usually measures your blood pressure, see whether it goes down when a nurse measures it—some people experience WCH only with a physician.
- Second, based on recommendations in a 2003 editorial published in *The New England Journal of Medicine*, you could get a home monitor and measure your own blood pressure twice a day for a week. You can do this while you're at home, at work, or both.
- Finally, if your average home blood pressure reading is below 135/85 mm Hg, ask your doctor whether you're a candidate for ambulatory blood pressure monitoring, in which blood pressure is repeatedly measured over a 24- to 48-hour period. Medicare started covering this technique in late 2001 to assess people with suspected WCH. An average ambulatory blood pressure reading below 130/80 mm Hg despite elevated office readings is termed WCH.

Do normal ambulatory blood pressure readings mean that antihypertensive medications aren't necessary? Several studies have suggested

that people with WCH are at higher risk for heart attack and stroke than people with normal blood pressure and should be treated with drug therapy. Other studies have found that people with WCH are no more likely to have a heart attack or stroke than people with normal blood pressure.

Until a definitive answer is reached, you should follow your doctor's advice on taking blood pressure medication. If you have no other risk factors for cardiovascular disease (such as diabetes or being a smoker) or damage to organs such as the heart, brain, or kidneys, ask your doctor whether it would be safe for you to be monitored without medication.

People with WCH, like other adults, should follow a healthy lifestyle to reduce the likelihood of heart attack and stroke. In addition, they should have repeat ambulatory blood pressure monitoring every one or two years if they are not taking medication.

the risk of hypertension by 50% in people with a systolic blood pressure between 130 and 139 mm Hg or a diastolic blood pressure between 85 and 89 mm Hg. The benefits of prevention appear to be more substantial when all of the recommended lifestyle modifications are adopted.

### DIAGNOSIS OF HYPERTENSION

Hypertension is discovered most often during a routine visit to the doctor. The instrument used to evaluate blood pressure in a doctor's office is called a sphygmomanometer and typically consists of an inflating bulb, an inflatable cuff, and a mercury column gauge. Blood pressure is measured by wrapping the cuff around the upper arm and determining how much pressure is needed to compress the brachial artery—the major artery in the arm. The amount of pressure needed is equivalent to the height of the mercury in the