

---

## Blood Pressure Monitoring

---

### 1.12 Role of Trained Nurses in the Blood Pressure Control of Treated Essential Hypertensive Patients

*G. Leotta, F. Rabbia, M. Mulone, C. Modica, E. Testa, S. Monticone, E. Saggio, C. Magnino, A. Viola, F. Tosello, G. Papotti, C. Paglieri, F. Veglio*

Department of Hypertension and Internal Medicine, University of Turin, Turin, Italy

**Introduction:** When measuring BP, the physician induces a transient pressor response triggered by an alarm reaction. This 'white-coat effect' can influence therapeutic decisions.

**Objective:** To assess the difference of blood pressure measured by physician, nurse and by patients at home.

**Methods:** 100 patients were selected from those referred to a hypertension clinic. They had had their supine systolic/diastolic blood pressure measured firstly by a trained nurse (mean of the last two of three measurements taken every 2 min by an oscillometric device) and then by a physician (auscultatory method using a standard mercury sphygmomanometer). The patients measured their home BP (one reading in the morning and one reading in the evening for 5 continuous days). Moreover, the patients completed a questionnaire in order to test if the nurse pre-evaluation can reduce the degree of anxiety in the patient.

**Results:** The mean systolic/diastolic blood pressure for physicians was  $149 \pm 11/89 \pm 12$  mmHg, that for the nurse was  $144 \pm 11/85 \pm 8$  mmHg and for Home  $139 \pm 12/85 \pm 10$  mmHg.