

White Coat Hypertension, Masked Hypertension and Resistant Hypertension: Target and Drugs

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TSOC hypertension guideline proposed a diagnostic algorithm emphasizing the importance of home BP monitoring and ambulatory BP monitoring for better detection of night time hypertension, early morning hypertension, white-coat hypertension, and masked hypertension. For patients with diabetes, CHD, chronic kidney disease who have proteinuria, and those who are receiving antithrombotic therapy for stroke prevention, we propose BP targets of <130/80 mmHg in our guidelines. BP targets are <140/90 mmHg for all other patient groups, except for patients ≥ 80 years of age in whom a BP target of <150/90 mmHg would be optimal.

We suggest that patients with white-coat hypertension should be treated with life style modification, and regularly followed up by ABPM or HBPM to detect any evidence of progression to sustained hypertension. Anti-hypertensive management may be considered in patients with masked hypertension, but there are currently no RCTs that have evaluated this strategy, and the best method to identify subjects with masked hypertension has not yet been established. Drug therapy for resistant hypertension should begin with optimization of diuretic use.