

The Effects of Hours of Antihypertensive Drugs on Ambulatory Blood Pressure



Çağrı Ceyhun Güler¹, Asım Enhoş²

¹Bezmialem Vakıf University, Faculty of Medicine, İstanbul, Turkey

²Bezmialem Vakıf University, Faculty of Medicine, Department of Cardiology, İstanbul, Turkey



Introduction

Hypertension is a serious disease that needed to be treated properly. There are modifiable and non-modifiable factors that can affect the blood pressure. It is known that factors such as excessive salt consumption, obesity, endocrine diseases and genetics plays role, in the development of hypertension. In the literature there are studies on the time-dependent effects of antihypertensive drugs. *Non-dipper* is the failure of blood pressure drop %10 which is consider normal at night, and higher pressure than normal in the morning is called *morning surge*. Presence of *non-dipper* and *morning surge* has been associated with poor prognosis in studies. The purpose of our study is to reveal the relationship between the intake time of drugs and blood pressure values.

BLOOD PRESSURE GUIDELINES

Blood Pressure Category	Systolic mm Hg (upper #)		Diastolic mm Hg (lower #)
Normal	less than 120	and	less than 80
Elevated	120-129	and	less than 80
High Blood Pressure (Hypertension) Stage 1	130-139	or	80-89
High Blood Pressure (Hypertension) Stage 2	140 and higher	or	90 or higher
Hypertensive Crisis (Consult your doctor immediately)	higher than 180	and/or	higher than 120

Results

There were 95 patients who took drug in the morning and 31 patients who took it in the evening. While the morning group had %71.3 *non-dipper*, the evening group had %80.6 of it (p= 0,305). The morning group had %60.6 *morning surge* whilst the evening group had %67.7 of it (p=0,479).

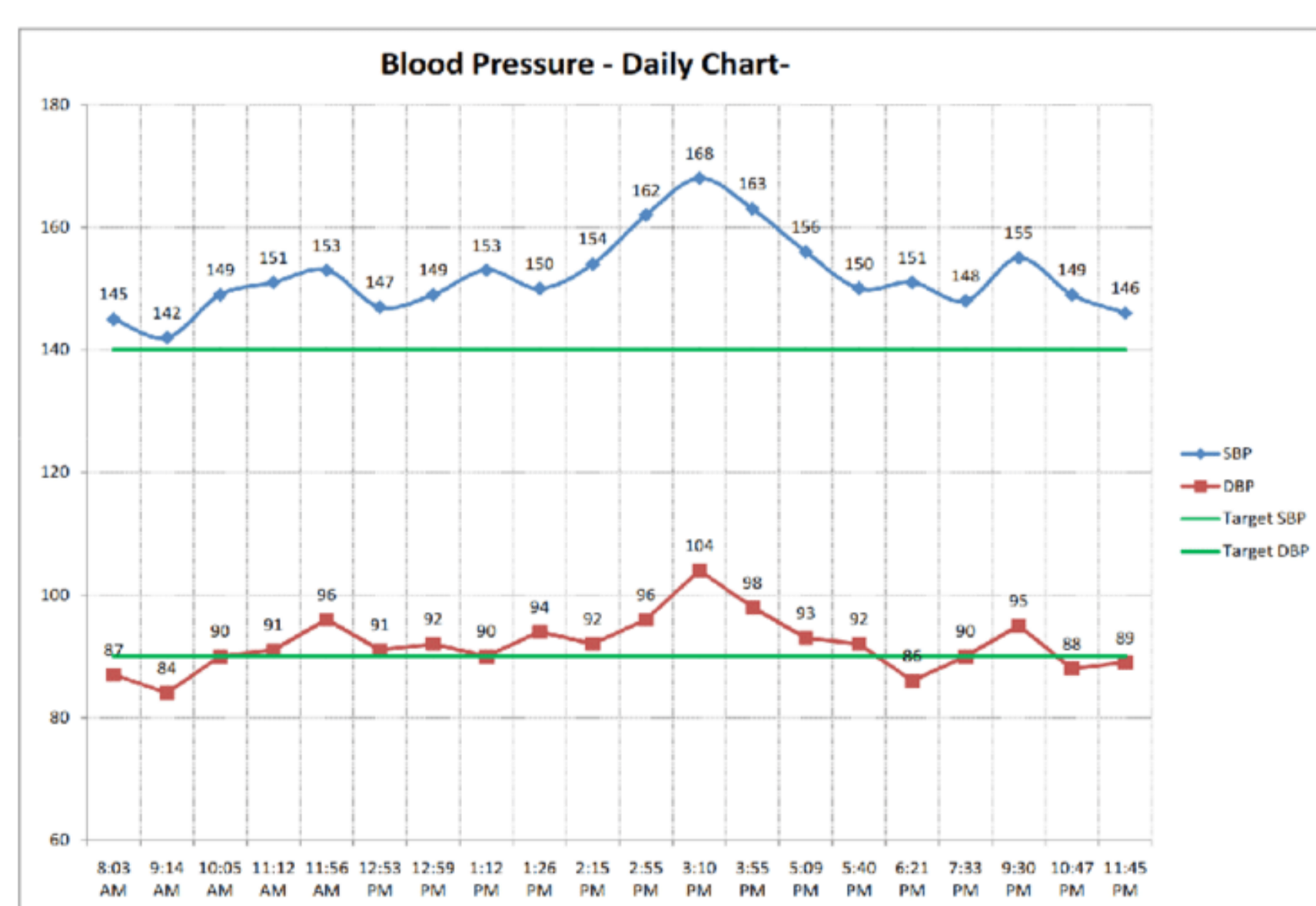


Methodology

In this retrospective study, we used blood pressure values of the patients that was recorded into the system with Holter monitor. We used the patients' blood pressure values who use ARBs and ACEIs and noted the time they took drug. We compared that time and the presence of the *non-dipper* and *morning surge*.

Conclusion

Considering the inequality number of patients in the groups, there are no significant differences were found.



References

- 1) Ji, M., Li, S. J., & Hu, W. I. (2014). Effects of different antihypertensive drugs on blood pressure variability in patients with ischemic stroke. *Eur Rev Med Pharmacol Sci*, 18(7), 2491–2495. Retrieved March 10, 2022, from <https://www.europeanreview.org/wp/wp-content/uploads/2491-2495.pdf>.
- 2) Zhang, X. Y., Soufi, S., Dormuth, C., & Musini, V. M. (2020). Time course for blood pressure lowering of beta-blockers with partial agonist activity. *The Cochrane database of systematic reviews*, 9(9).2
- 3) Ghamami N, Chiang SH, Dormuth C, Wright JM. Time course for blood pressure lowering of dihydropyridine calcium channel blockers. *Cochrane Database Syst Rev*. 2014 Aug 31;(8)
- 4) Favre, L., Adamec, R., & Boxho, G. (1986). Effect of bopindolol on the circadian blood pressure profile in essential hypertension. *Journal of cardiovascular pharmacology*, 8 Suppl 6, S60–S63.
- 5) Rosei, E. A., Chiarini, G., & Rizzoni, D. (2020). How important is blood pressure variability? *European Heart Journal Supplements*, 22(Supplement_E). <https://doi.org/10.1093/eurheartj/suaa061>
- 6) Palatini, Paola; Grassi, Guido The morning blood pressure surge, *Journal of Hypertension*: December 2011 - Volume 29 - Issue 12 - p 2316-2319 doi:10.1097/HJH.0b013e32834d3df6
- 7) Kuyumcu M. S., Öksüz F. Non-dipper ve dipper normotansif bireylerde SCORE kardiyovasküler risk puanlama sisteminin değerlendirilmesi. *Süleyman Demirel Üniversitesi Sağlık Bilimleri Dergisi*. 2018; 9(4): 6-10