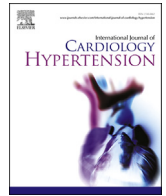




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Editorial

Objective short sleep duration and its effect on 24-hour blood pressure



The article of Marwah Abdalla and col. in this issue of the journal is a very interesting one. There are several references in the literature about the relation of sleep duration to blood pressure [1,2] and its impact on cardiovascular outcomes [3].

The study now published has the merit of using objective sleep evaluation with a validated methodology and device (actigraphy), and a relatively large sample of healthy participants (691 working adults, with both valid ABPM and actigraphy data). It also simultaneously uses ABPM as an out-of-clinic blood pressure evaluation, as it is nowadays recommended given its better diagnostic and prognostic value [4].

Although the mean age of the participants is relatively low (45 years old) and the relation of sleep quality and aging is not fully addressed, the text is elegantly written and the good statistical analysis allows one important conclusion to be made: sleeping less than 6 hours/day is objectively associated with higher 24-h blood pressure on ABPM.

It is also impressive that even in this healthy working population, 43% of the participants reported poor sleep quality, a subject probably deserving more attention, even not only for cardiovascular risk prevention purposes.

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