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## Could the data of home blood pressure monitoring be used to evaluate the risk of subclinical target organ damage in hypertensive patients?

To the Editor,

- We thank Her et al. (1) for their study published in the December 2014 issue of Anatol J Cardiol. This research gave us the idea on how to use the data from home blood pressure monitoring (HBPM) for predicting subclinical target organ damage (TOD) in patients with hypertension treated in primary care. In our opinion, the constructed regression models are potentially appropriate for creating a relatively simple risk prediction model for subclinical TOD. Such a risk calculator is favorable for long-term follow-up facilitated by HBPM in patients with uncomplicated hypertension. A recently conducted study by Kiselev et al. (2)

showed that HBPM with patients' feedback via text messages during a 12-month period is associated with a five-fold frequent achievement of a goal blood pressure (BP). The intervals between requests in this study depend on the level of BP or change in medication. It would be interesting to integrate the risk of TOD for tailoring the intensity of HBPM (or office visits) and determining the interval to goal BP achievement according to patients' TOD risk. In this context, we would deeply appreciate if the authors could share some useful data with us. 1) Were the variables in the constructed regression models categorical or numerical? 2) Did you compare the prognostic significance of HBPM and ambulatory BP monitoring (ABPM) after adjustment for age and gender?

In Russia, the rate of ABPM in primary care is very low. According to the data from the Russian RECVASA registry (3), ABPM was done in only 0.7% of the hypertensive patients. Thus, HBPM seems more suitable for long-term follow-up in Russian patients with hypertension.

We suppose that the findings of the study by Her et al. (1) should be translated in clinical practice because the role of HBPM is now well established (4).

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DOI:10.5152/akd.2015.6275

