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## Accurate Blood Pressure Measurement: Why do monitors read high?

If you have ever used an automated monitor to measure blood pressure, you probably have encountered a reading you thought was too high. In these situations, clinicians usually take a measurement themselves using a sphygmomanometer and stethoscope to either confirm the reading or question whether the monitor is working properly. If the reading is confirmed, you and your patient may be surprised to realize that your patient's BP is not what you expected. Alternatively, if the reading is different, you may wonder if your monitor is calibrated or operating correctly. Regardless of the situation, why is this happening at all? First, the longer a patient sits waiting for BP measurements to be taken, the more likely it is that BP is stabilized to its resting level. In fact, the American Heart Association (AHA) and the British Hypertension Society (BHS) recommend that clinicians allow a patient to sit still without talking for at least five minutes prior to measurement [1, 2]. While this is a thoughtful recommendation, there will be some patients whose BP will take longer to stabilize depending on their physiology, stress level and previous activity. In fact, for most patients, it is likely that the first measurement will be higher than the second regardless of the resting interval [3]. Another factor to consider is that the two measurements, (the one by the monitor and the one from the clinician) are usually taken with different devices and different blood pressure cuffs - the piece wrapped around the patient's arm. While the cuff from the monitor may be approximately the same to that of the sphygmomanometer, they are rarely the same exact size. If they

are not the same size, consider that a cuff that is too small for a patient's arm, will overestimate BP. In a study on cuff application, undercuffing accounted for 84% of cuff sizing errors [4]. These overestimations have been shown to be significantly larger than the errors using a cuff that is too large [1]. Finally, most monitors measure BP differently than clinicians do. They employ a technique called "oscillometry," which measures the pressure waves associated with the same sounds that clinicians listen for when they measure BP, called Korotkoff sounds; the latter technique is called "auscultation". Oscillometry is used in a vast majority of automated BP devices because it has shown generally good agreement with auscultation [1]. However, there are times when the two techniques result in significantly different results. Thus, the BHS recommends occasionally checking the monitor against a mercury sphygmomanometer or other known pressure standard [2]. So, how does one account for all of these complicating factors that are a part of measuring the two numbers that represent a patient's cardiovascular health? While patience and understanding on the part of the clinician are required to ensure that BP measurements are carefully taken, different monitors or instruments are required as well. These devices should 1) employ clinical-grade automated technology, 2) allow clinicians to take a manual measurement with a stethoscope as do sphygmomanometers, and 3) encourage careful observer technique when taking measurements with a stethoscope. Deflating the cuff at 2-3



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mmHg/sec, as recommended by the AHA and BHS, is the most difficult and important thing to do to ensure accuracy [1, 2]. The Advview 9000 Diagnostic Station was designed to address these concerns. Built on automated technology that the leading defibrillator and monitor manufacturers use, the Advview 9000 is the first clinical-grade, automated BP device that allows clinicians to take manual measurements with a stethoscope using the same cuff as the automated measurement. Furthermore, when you use the device's Sphygmode™ to take a BP with your stethoscope, it automatically deflates the cuff at 3 mmHg/sec - ensuring

optimum conditions to obtaining an accurate manual measurement.

**References** 1 Pickering TG, Hall JE, Appel LJ, Falkner BE, Graves J, Hill MN, Jones DW, Kurtz T, Sheps SG, Roccella EJ. Recommendations for Blood Pressure Measurement in Humans and Experimental Animals: Part 1: Blood Pressure Measurements in Humans: A Statement for Professionals From the Subcommittee of Professional and Public Education of the American Heart Association Council on High Blood Pressure Research. *Hypertension*. 2005; 45: 142-161. 2 British Hypertension Society. Blood Pressure Measurement With Mercury Blood Pressure Monitors. Poster: available from the British Hypertension Society at [http://www.bhsoc.org/how\\_to\\_measure\\_blood\\_pressure.stm](http://www.bhsoc.org/how_to_measure_blood_pressure.stm), accessed 6 Nov 2008. 3 Manning DM, Kuchirka C, Kaminski J. Miscuffing: inappropriate blood pressure cuff application. *Circulation*. 1983; 68(4): 763-766. 4 McAlister FA, Straus SE. Evidence based treatment of hypertension: Measurement of blood pressure: an evidence based review. *British Medical Journal*. 2001; 322: 908-911 (14 April).