

## Ambulatory Blood Pressure Monitoring (ABPM). Predictive value in children with chronic kidney disease (CKD)

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### Abstract

The prevalence of arterial hypertension (AHT) in pediatrics has been steadily increasing in the last five years. The prevalence of arterial hypertension (AHT) in pediatrics has been steadily increasing in the last five years, associated with the increase in obesity, and is a predictor of the development of AHT and cardiovascular disease in adulthood. Ambulatory blood pressure monitoring (ABPM) is a useful clinical tool that provides a more accurate description of blood pressure (BP) in relation to those obtained in the doctor's office. In the adult population, ABPM is recommended to confirm hypertension before initiating antihypertensive treatment 1.

In pediatrics, ABPM is a test that is not yet universally available and there are questions to be answered to allow optimal interpretation in children. However, it has been shown that ABPM would be more accurate in the diagnosis of HT than clinical blood pressures taken in medical control 2,3, and would also be useful in the evaluation of secondary HT4, and in multiple pathologies with increased cardiovascular risk. In addition, it evaluates the presence of nocturnal HT, which is associated with a higher incidence of cardiovascular morbidity, LVH and progression of chronic kidney disease (CKD) 7-9. In patients with CKD, ABPM has been shown to be more accurate in the diagnosis of HT in comparison with clinical BP 8, describing a prevalence of masked HT in this group of about 38% 9, which can only be assessed with a single measurement 38% 9, which can only be diagnosed by this method. Studies have shown that patients with CKD and HTN under treatment have 23% inadequate clinical BP control, which increases to 47% when ABPM is performed, which is why CKD is one of the pathologies in which this test should be performed during follow-up 10.

There are specific international pediatric recommendations of the American Heart Association (AHA) for ABPM 7. However, there are still questions to be resolved both in technical aspects and in the interpretation of the variables included in this test. Further research studies in children are needed to provide new reference values and to determine the relationship of ABPM abnormalities with long-term clinical outcomes

### Biography:

12 años de graduado, profesor asistente, 10 años administración de Salud Pública, 12 años docencia e investigaciones, 1 año residente de Cardiología, tesis: Monitorización ambulatoria de presión arterial en niños con enfermedad renal crónica, Villa Clara. Cuba.

### References:

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**Citation:** Yendry Gattorno Aguila, Ambulatory Blood Pressure Monitoring (ABPM). Predictive value in children with chronic kidney disease (CKD); *Global Nephrologists Meeting*; January 18, 2021