家庭血圧計を用いて定義した仮面夜間高血圧患者の心血管イベントリスク
Cardiovascular Event Risks Associated with Masked Nocturnal Hypertension Defined by Home Blood Pressure Monitoring in the J-HOP Nocturnal BP study

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There is no information regarding cardiovascular disease (CVD) event risks associated with masked nocturnal hypertension (MNH) defined by home blood pressure (HBP) monitoring (nocturnal HBP ≥120/70 mmHg and mean morning and evening HBP <135/85 mmHg). To fill this knowledge gap, we used data from the J-HOP Nocturnal BP Study, which recruited 2,746 high cardiovascular-risk patients (mean[SD] age: 64[1] years; 51% women; 83% on antihypertensive medications). The prevalence of patients with controlled BP, daytime hypertension, MNH and sustained hypertension (SH) were 31.6%, 7.9%, 26.8% and 33.7%, respectively.

Over a median 7.6-year follow-up (19,521 person-years), 162 CVD events occurred. The cumulative incidence of CVD events was higher in those with MNH or SH than in the controlled-BP group. Results from Cox models suggested that MNH (adjusted hazard ratio: 1.58; 95% confidence interval: 1.01–2.47) and SH (1.92; 1.23–3.00) were associated with increased risk of CVD events.

Patients with MNH are at high risk of future CVD events. Nocturnal HBP monitoring may improve the assessment of BP–related risk and identify new therapeutic interventions aimed at preventing CVD events.