





Prospective Register Of patients undergoing repeated Office and Ambulatory Blood Pressure Monitoring (PROOF-ABPM)

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Study Summary

High blood pressure (hypertension) is an important risk factor for cardiovascular disease, a significant cause of morbidity and mortality worldwide. The diagnosis and management of hypertension depends on accurate measurement of blood pressure (BP) in order to target antihypertensive treatment appropriately and avoid unnecessary healthcare costs. Traditionally, this measurement takes place in the physician's office (or clinic) in a Primary Care setting. However, it has long been recognised that 24 hour ambulatory blood pressure estimates true mean blood pressure more accurately because multiple readings are taken and it correlates better with a range of cardiovascular outcomes and end organ damage than clinic blood pressure.

The aim of this study is to examine novel strategies for the diagnosis and management of hypertension by setting up a Prospective Register Of patients undergoing repeated OFfice and Ambulatory Blood Pressure Monitoring (PROOF-ABPM) in routine clinical practice. The register will comprise of multiple clinic blood pressure readings, ambulatory blood pressure monitoring data, patient characteristics, medical history, clinical assessment data and prescribed medication. These anonymised data will be collected in all patients presenting to participating centres for ambulatory blood pressure monitoring. Patient consent will be sought to permit the collection of identifiable patient data and allow tracking of patient hospital admissions and deaths via the Health & Social Care Information Centre's Data linkage and Extract service.

Collected data will be used to validate a new prediction model (PROOF-BP) designed to improve the targeting of out-of-office monitoring for diagnosis and management of hypertension. The data collected will also permit further investigations into the association between blood pressure and cardiovascular disease risk. The registry will aim to recruit approximately 1000 patients from Primary Care, Secondary Care and pharmacies over a period of two and a half years. It will be complementary to existing blood pressure monitoring registries, many of which are based in specialist hypertension clinics around the world, but unique in its consideration of multiple clinic blood pressure readings taken in variety of healthcare settings.

Overleaf is a summary flow chart of the study - For further information please contact the research team (contact details above).

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Study Flow Chart

Patient eligibility criteria:

- Age ≥18 years
- Patients attending an appointment in General Practice for ambulatory blood pressure monitoring (for any reason)
- Patients referred to a hypertension clinic or pharmacy for ambulatory blood pressure monitoring (for any reason)

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After initial patient visit

Patient attends General Practice surgery, hospital clinic or pharmacy to collect ambulatory blood pressure (ABP) monitor.

Patient's blood pressure is measured 3-6 consecutive times using an automatic blood pressure monitor.

Patient is invited to give informed consent for collection of identifiable data.

Anonymised patient data is collected and entered into the study database. A unique study identification number is generated in the study database.

Patient clinic attendance and anonymised data collection is documented on the local screening log.

Patient provides/declines informed consent at one of the following time points:

- at the end of the initial visit
- at the second visit (returning the ABP monitor)
- after either visit, returning the consent form by post

Anonymised data collected from medical records:

- Age, sex, ethnicity, BMI, smoking status
- 3-6 clinic blood pressure readings
- 24 hour ambulatory blood pressure readings
- Co-morbidities
- Prescribed medication

Identifiable data is collected for consenting patients, linked to anonymised data via the unique identification number documented on local screening log.

Identifiable data is logged on the Health & Social Care Information Centre's Data Linkage and Extract Service patient tracking system.

Patients attending hospital or dying are registered on this tracking system and the study coordinating centre is notified (every 6-12 months).

Identifiable data collected:

- Patient name
- Date of birth
- Current address
- Post code

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- NHS number

After patient consent