24-Hour Ambulatory Blood Pressure Monitoring

What is 24-hour Ambulatory Blood Pressure Monitoring?

Ambulatory Blood Pressure Monitoring (ABPM) measures your blood pressure over the course of a full day (24 hours). You will wear a blood pressure cuff on your upper arm that is connected to a monitor. The monitor records your blood pressure readings 3 times per hour while awake and 2 times per hour while sleeping.

Why Monitor Blood Pressure for 24 hours?

Measuring your blood pressure in your normal environment and during your usual daily routines gives your research team a better idea of how your blood pressure changes throughout the day.

The Blood Pressure Monitor

The monitor is a small box that connects to the cuff on your arm. The monitor remains in a black pouch throughout the day. You may wear it with a belt to keep it up on your side and out of the way. During each measurement, the monitor screen will be black and will not display any blood pressure readings.

Important Reminders and Tips

- When the cuff inflates and you feel the cuff tightening, stop what you are doing and remain as still as possible (without putting yourself at risk). This allows the cuff to sense your blood pressure accurately. If you are sitting, extend your arm in front of you, supporting it on a chair or table to keep the cuff stable. If you are walking or standing, remain standing and drop the arm with the cuff to your side.

- Avoid vigorous physical activity, such as jogging/running, biking outdoors, lawn mowing, etc., while wearing the blood pressure monitor.

- If the monitor misses a reading, you will feel the cuff inflate again in 1-2 minutes to try another reading.

- When you are ready for bed, remove the cord from around your neck and place the monitor by your side. It should be placed far enough away so you do not roll on it.

- Showering: Do not wear the monitor into the shower/bath. Remove the cuff from your upper arm and set aside. Do not disconnect anything or push any buttons on the monitor. After your shower, place the cuff back on your upper arm as described below.

- <u>Please leave the monitor in the black pouch at all times.</u>

Putting the Cuff Back On

- Make sure the cuff is in the correct position when on your arm. The rubber tube should point upward and in the center of your upper arm. Check the cuff and place it above the crease of your arm. Make sure the rubber tubing is not pinched or kinked to allow proper airflow.

- You may take the cuff off if it causes pain or discomfort. Remove the cuff to rest the arm for 5-10 minutes in between readings. Place the cuff back on your arm as directed above.

- If the cuff is causing pain and you want to stop the test, you may turn the monitor off. Hold the circle button on the lower right of the monitor as it beeps. A message will appear: "Do you want to switch the unit off?" Use the arrow buttons to highlight "yes" and press the circle button to select. The monitor will turn off. It cannot be turned back on to start the test. Once you turn the monitor off, the test is over.

Recording Activities

The activity log is an important part of the AMBP procedure and should be completed as instructed by the researcher. List changes in activity/symptoms throughout your day. If you are doing the same activity for an extended time, you do not need to write this over and over; instead write ranges of time. Record your bedtime and wake time. Also, record if you get up during the night to use the restroom or for any other reason.

Returning the Monitor

The cuff, monitor, black pouch, activity log, and belt (if you were given one) must be returned to the MyHEART Research Office. Follow the instructions given to you by the researcher. All ABPM equipment must be returned the next business day. Due to the expense of this equipment, it must be hand delivered back to the Clinic; there is not a mail-back option.

> ## PLEASE REMEMBER TO
> ## RETURN THE POUCH
> ## WITH THE MONITOR & CUFF!

If you have any **questions or concerns** while wearing the AMBP monitor, please call the STAC-MyHEART Research team at ***.