- Ambulatory blood pressure monitoring (ABPM) is superior to office blood pressure (BP) in predicting organ damage and cardiovascular prognosis.
- ABPM also constitutes an important tool in evaluating the effect of antihypertensive therapies.
- Twenty-four-hour, daytime, and night-time BP, the presence of new phenotypes, such as “white-coat” and “masked” hypertension, nocturnal BP dip and BP variability measures, are all important prognostic variables, which also contribute to a better guidance of antihypertensive treatment.
- There are specific ABPM-derived therapeutic indexes, such as the “through-to-peak ratio”, the “smoothness index”, and the “treatment-on-variability” index which give important information with respect to the effect of antihypertensive treatment on both effectiveness, as well as the homogeneity of the therapeutic effect.

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