

Evidence from two SRs demonstrated that fully automated office blood pressure measurements were similar to SBP and DBP obtained with day-time/awake ABPM and HBPM. Pappaccogli et al. (2019) showed no significant difference for both SBP (-1.85 mm Hg) and DBP (0.12 mm Hg) in the pooled analysis of 16 studies comparing AOBP with daytime ABPM.[\[37\]](#) The same SR compared AOBP and HBPM using pooled data from seven studies and also found no statistically significant difference in SBP and DBP between the two methods. Similar findings from 19 studies were reported in another SR by Roerecke et al. (2019), which demonstrated a non-significant pooled mean difference in SBP of 0.3 mm Hg (95% CI -1.1 to 1.7 mm Hg) between AOBP and awake ABPM in patients who had an office SBP >130 mm Hg.[\[38\]](#) The Work Group did not find any evidence comparing the predictive value of AOBP versus out-of-office blood pressure on clinical outcomes.

Another key reason for the recommendation to preferentially use ABPM and HBPM in the 2014 VA/DoD HTN CPG was the ability of out-of-office blood pressure to assist in the identification of white coat and masked HTN in untreated individuals, as well as uncontrolled white coat and uncontrolled masked HTN in patients receiving antihypertensive medications. The 2014 VA/DoD HTN CPG, 2015 USPSTF,[\[20\]](#) and 2017 AHA/ACC [\[4\]](#) guidelines all recommended ruling out white coat HTN in individuals with newly diagnosed elevated office blood pressure to avoid unnecessary initiation of drug therapy. Since the evidence review and HTN outcome trials in general did not identify or exclude patients with white coat HTN as distinct from other forms of HTN, it is possible that white coat HTN is not a totally benign condition. Accordingly, it is unknown whether patients with white coat HTN benefit or do not benefit from treatment. Therefore, the Work Group concluded there was very low quality evidence supporting the utility of out-of-office blood pressure measurements in confirming diagnosis of HTN prior to the initiation of drug therapy. Nevertheless, ABPM and HBPM are valuable methods in identifying masked HTN, which is diagnosed with elevated out-of-office blood pressure in the setting of normal or controlled office blood pressure. Masked HTN should be suspected in individuals with normal or controlled office blood pressure if they report higher home blood pressure values, in the presence of target organ damage and certain chronic conditions, such as CKD. We did not find any evidence of harm associated with ABPM and HBPM; however, patient training is required for both methods, and there could be some differences in patient preferences due to increased burden of out-of-office blood pressure monitoring. Overall, the equipment used for HBPM is more readily available than for ABPM. Some patients may not be willing to wear a 24-hour ABPM on multiple occasions.

As this is a *Reviewed, New-replaced* recommendation, the Work Group systematically reviewed evidence related to this recommendation in the evidence review conducted as part of this guideline update [\[37,38\]](#) as well as the evidence from the 2014 VA/DoD HTN CPG.[\[44-48\]](#) The Work Group's confidence in the quality of the evidence is very low. The body of evidence had some limitations, such as observational study design, small sample sizes, selection and attrition bias in individual studies, and a lack of consistent reporting of blood pressure measurement methods. New considerations regarding this recommendation included evidence that AOBP provides similar blood pressure values as day-time ambulatory and home blood pressure, and that there are no outcome trials that have used out-of-office blood pressures as either entry criteria or as treatment goals. While we did not identify head-to-head comparison studies between HBPM and ABPM, both approaches seem to be of similar value for making a decision in patients in whom the diagnosis or control of HTN remains uncertain (e.g., when AOBP is not available, when there is significant discrepancy between self-monitored home blood pressure and office blood pressure, and if