



# Preference of blood pressure measurement methods by primary care doctors in Hong Kong: A cross-sectional survey

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## Background:

- diagnosis of hypertension (HT) should be supported by blood pressure (BP) readings from ambulatory BP monitoring (ABPM) or home BP monitoring (HBPM).
- When office BP is used, automated office BP (AOBP) measurement, which automatically provides an average of 3–5 BP readings, should be preferred.

## Aim:

To describe the BP measurement methods used by primary care doctors in Hong Kong, to screen, diagnose, and manage hypertensive patients.

## Method:

all doctors registered in the Hong Kong “Primary Care Directory” were mailed a questionnaire

**Table 2.** Practices of family doctors to screen, diagnose, and manage hypertension

BP Measurement Method	Screening	Diagnose	Manage
mercury or aneroid device	272 (63.1%)	216 (56.4%)	320 (72.4%)
Manual office electronic device	87 (20.2%)	48 (12.5%)	128 (29%)
AOBP	59 (13.7%)	20 (5.2%)	88 (19.9%)
Other patient-activated electronic devices	10 (2.3%)	7 (1.8%)	24 (5.4%)
Electronic BP kiosks	3 (0.7%)	1 (0.3%)	8 (1.8%)
ABPM	N/A	6 (1.6%)	18 (4.1%)
HBPM		85 (22.2%)	251 (56.8%)

\*multiple choices are allowed for managing HT

## Results

445 (out of 1738) doctors responded

**Table 1.** Demographic data of respondents

Characteristic	Number (%)
Age (years)	
• 60 or above	234 (53.7%)
Sex	
• Male	354 (81.9%)
Work sector	
• Hospital Authority	7 (1.6%)
• Private Clinic or Hospital	418 (95.9%)
• University Clinics	2 (0.5%)
• Academics	1 (0.2%)
• Others	8 (1.8%)
Specialist (FM)	
	92 (21.1%)

## Other results:

- 26.7% measure only 1 office BP reading on each visit
- 40% participants reported using  $\geq 12$  HBPM readings.
- Specialist in FM: more likely to use AOBP in clinics and to obtain enough number of office BP readings.

## Conclusion:

There is an underutilisation of AOBP in office and out-of-office BP measuring techniques to diagnose HT (especially ABPM). Research is needed to understand doctors’ BP measurement preference.