

Article



## Impact of 2018 ESC/ESH and 2017 ACC/AHA Hypertension Guidelines: Difference in Prevalence of White-Coat and Masked Hypertension

## Byong-Kyu Kim<sup>1</sup> and Moo-Yong Rhee<sup>2,\*</sup>

- <sup>1</sup> Division of Cardiology, Department of Internal Medicine, Dongguk University College of Medicine, Gyeongju Hospital, Gyeongju 38067, Korea; bleumatin@dongguk.ac.kr
- <sup>2</sup> Cardiovascular Center, Dongguk University Ilsan Hospital, 27 Dongguk-ro, Ilsandong-gu, Goyang-si, Gyeonggi 10326, Korea
- \* Correspondence: mooyong.rhee@dumc.or.kr; Tel.: +82-31-961-5775; Fax: +82-31-961-7786

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Abstract: Our study evaluated whether there were differences in the prevalence of white-coat hypertension (WH) and masked hypertension (MH) based on the 2018 ESC/ESH and 2017 ACC/AHA hypertension guidelines in Korea. The motivation was the lowering of the diagnostic threshold for hypertension in the 2017 ACC/AHA guidelines. Of 319 participants without antihypertensive drug history and with suspected hypertension based on outpatient clinic blood pressure (BP) measured by physicians, 263 participants ( $51.6 \pm 9.6$  years; 125 men) who had valid research-grade office BP and 24-h ambulatory BP measurements were enrolled. WH prevalence based on daytime ambulatory BP among normotensive individuals was lower with the ESC/ESH guidelines than the ACC/AHA guidelines (29.0% vs. 71.4%, p < 0.001). However, MH prevalence based on daytime ambulatory BP among hypertensive individuals was higher based on the ESC/ESH guidelines (21.6% vs. 1.8%, p < 0.001). Seventy percent of WH cases (2017 ACC/AHA guidelines) and 95.2% of MH cases (2018 ESC/ESH guidelines) occurred in individuals with systolic BP of 130–139 mmHg and/or diastolic BP of 80–89 mmHg. The diagnostic threshold of the 2017 ACC/AHA guidelines yielded a higher prevalence of WH compared to that of the 2018 ESC/ESH guidelines. However, the prevalence of MH was higher with the 2018 ESC/ESH guidelines than with the 2017 ACC/AHA guidelines. The high prevalence of WH and MH in people with a systolic BP of 130–139 mmHg or diastolic BP of 80–89 mmHg suggests the need for a more active out-of-office BP measurement in this patient group.

**Keywords:** hypertension; guidelines; white coat hypertension; masked hypertension; ambulatory blood pressure

Supplemental tables 1–3. They were cited in the result section of the main text, consecutively.

**Table S1.** Degree of agreement for the diagnosis of hypertension by office measured blood pressure according to 2018 ESC/ESH and 2017 ACC/AHA hypertension guidelines. Referenced to 24-h ambulatory blood pressure.

	Sensitivity	Specificity	PPV	NPV	Kappa
2018 ESC/ESH guidelines	75.0	78.4	93.6	44.0	0.419
	(69.6–81.5)	(64.7-88.7)	(89.6–96.1)	(37.2–50.9)	
2017 ACC/AHA guidelines	95.9	33.3	95.2	37.3	0.308
	(92.6–98.0)	(13.3–59.0)	(93.4–96.5)	(19.6–59.2)	

PPV = positive predictive value; NPV = negative predictive value; Ref = reference; BP = blood pressure; ESC/ESH = European Society of Cardiology/European Society of Hypertension; ACC/AHA = American College of Cardiology/American Heart Association.

**Table S2.** Prevalence of white coat hypertension and masked hypertension based on a diagnostic threshold of the 2018 ESC/ESH and 2017 ACC/AHA hypertension guidelines. Referenced to 24 h ambulatory blood pressure.

	Normotensives		Hypertensive		
	Normotension n (%)	White-coat	Masked	Sustained	
		hypertension	hypertension	hypertension	
		n (%)	n (%)	n (%)	
2018 ESC/ESH	40 (78 4)	11 (91 6)	E1 (04.1)	161 (75.0)	
criteria	40 (78.4)	11 (21.6)	51 (24.1)	161 (75.9)	
2017					
ACC/AHA	6 (33.3)	12 (66.7)	10 (4.1)	235 (95.9)	
criteria					
<i>p</i> value *	0.005	0.005	< 0.001	< 0.001	

Normotensives and hypertensives were diagnosed based on 24-h ambulatory blood pressure.\* *p*-value from Z-test of the difference between the rate of each phenotype of hypertension according to the criteria of the ESC/ESH and ACC/AHA hypertension guidelines. ACC/AHA = American College of Cardiology/American Heart Association; ESC/ESH = European Society of Cardiology/European Society of Hypertension.

**Table S3.** Prevalence of hypertension phenotypes in participants with a systolic blood pressure of 130–139 mmHg and/or diastolic blood pressure of 80–89 mmHg. Referenced to 24 h ambulatory blood pressure.

	Normotension n (%)	White-Coat Hypertension n (%)	Masked Hypertension n (%)	Sustained Hypertension n (%)
2018				
ESC/ESH	27 (36.0)		48 (64.0)	
criteria				
2017				
ACC/AHA		8 (10.7)		67 (89.3)
criteria				

ACC/AHA = American College of Cardiology/American Heart Association; ESC/ESH = European Society of Cardiology/European Society of Hypertension.



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