**AMBULATORY BLOOD PRESSURE THRESHOLDS FOR DIAGNOSIS OF HYPERTENSION IN TYPE 2 DIABETES BASED ON CARDIOVASCULAR OUTCOMES**

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Objectives: Currently proposed ambulatory blood pressure (BP) thresholds for diagnosis of hypertension do not differentiate, as international guidelines do for clinic BP, uncomplicated persons from those at higher risk, e.g., patients with diabetes. We aimed to derive diagnostic thresholds for the awake and asleep BP means in terms of cardiovascular outcome for patients with as well as without diabetes.

Methods: We prospectively studied 3344 subjects (1718 men/1626 women), 52.6+/-14.5 years of age, 607 with type 2 diabetes, during a median follow-up of 5.6 years. BP was measured for 48h at baseline, and again annually in all subjects, or more frequently (quarterly) after adjustments in treatment. Cox regression analysis was used to derive outcome-based reference thresholds for ambulatory BP in subjects with and without DM.

Results: Cardiovascular risk was consistently greater in patients with than without diabetes for awake systolic/diastolic BP means >130/75 mmHg and asleep systolic/diastolic BP means >110/65 mmHg. The outcome-based reference thresholds for uncomplicated persons were 135/85 mmHg for the awake and 120/70 mmHg for the asleep systolic/diastolic BP mean. The equivalent, in terms of cardiovascular risk, cutoff values for patients with diabetes were 120/75 mmHg for the awake and 105/60 mmHg for the asleep systolic/diastolic BP mean, respectively.

Conclusions: Outcome-based reference thresholds were 15/10 mmHg lower for ambulatory systolic/diastolic BP in patients with than without diabetes. This marked difference indicates the need for revision of current guidelines that propose diagnostic thresholds for ambulatory BP without differentiating between presence/absence of diabetes.