

REGULATION/DYSREGULATION
in BLOOD PRESSURE

Blood pressure – the most important parameter in cardiovascular system – „high-profile“ parameter



- **Blood pressure (BP) – pressure of the blood to the wall of the vessels**
- **Systolic BP, diastolic BP, pulse pressure, mean arterial pressure (MAP)**

$BP = CO \times R$ CO – cardiac output, R – resistance

$CO = SV \times HR$ SV – stroke volume, HR – heart rate

ESH AND ESC GUIDELINES

**2013 ESH/ESC Guidelines for the management of
arterial
hypertension**

**The Task Force for the management of arterial hypertension of
the European
Society of Hypertension (ESH) and of the European Society of
Cardiology (ESC)**

Authors/Task Force Members: Giuseppe Mancia (Chairperson) (Italy) * , Robert Fagard (Chairperson)

Classification BP values

category	Systolic BP	Diastolic BP
	(mmHg)	(mmHg)
optimal	< 120	< 80
normal	120 – 129	80 – 84
high normal pressure	130 – 139	85 – 89
Hypertension - mild	140 – 159	90 – 99
Hypertension - moderate	160 – 179	100 – 109
Hypertension - severe	≥ 180	≥ 110
Isolated systolic hypertension	≥ 140	< 90

According the Guidelines of European Society of Cardiology 2013

2018 ESC/ESH Guidelines for the management of arterial hypertension

The Task Force for the management of arterial hypertension of the European Society of Cardiology (ESC) and the European Society of Hypertension (ESH)

Authors/Task Force Members: **Bryan Williams*** (ESC Chairperson) (UK), **Giuseppe Mancia*** (ESH Chairperson) (Italy), Wilko Spiering (The Netherlands), Enrico Agabiti Rosei (Italy), Michel Azizi (France), Michel Burnier (Switzerland), Denis L. Clement (Belgium), Antonio Coca (Spain), Giovanni de Simone (Italy), Anna Dominiczak (UK), Thomas Kahan (Sweden), Felix Mahfoud (Germany), Josep Redon (Spain), Luis Ruilope (Spain), Alberto Zanchetti[†] (Italy), Mary Kerins (Ireland), Sverre E. Kjeldsen (Norway), Reinhold Kreutz (Germany), Stephane Laurent (France), Gregory Y. H. Lip (UK), Richard McManus (UK), Krzysztof Narkiewicz (Poland), Frank Ruschitzka (Switzerland), Roland E. Schmieder (Germany), Evgeny Shlyakhto (Russia), Costas Tsioufis (Greece), Victor Aboyans (France), and Ileana Desormais (France)

European Heart Journal (2018) 39, 3021–3104

Classification of BP

- **It is recommended that BP be classified as optimal, normal, high-normal, or grades 1–3 hypertension, according to office BP.**

- **Changes in recommendations**

- 2013

- Diagnosis: **Office BP** is recommended for screening and diagnosis of hypertension.

- 2018

- Diagnosis: It is recommended to base the diagnosis of hypertension on:

Repeated office BP measurements; or **Out-of-office BP** measurement **with ABPM and/or HBPM** if logistically and economically feasible.

Treatment thresholds

2013

- Highnormal BP (130–139/85–89 mmHg): Unless the necessary evidence is obtained, **it is not recommended to initiate antihypertensive drug therapy at high–normal BP.**

2018

- Highnormal BP (130–139/85–89 mmHg): **Drug treatment may be considered** when CV risk is very high due to established CVD, especially CAD.

- Definitions of hypertension according to office, ambulatory, and home blood pressure levels

- Category SBP(mmHg) DBP(mmHg)

- Office BP_a >_140 and/or >_90

- Ambulatory BP

Daytime (or awake) mean >_135 and/or >_85

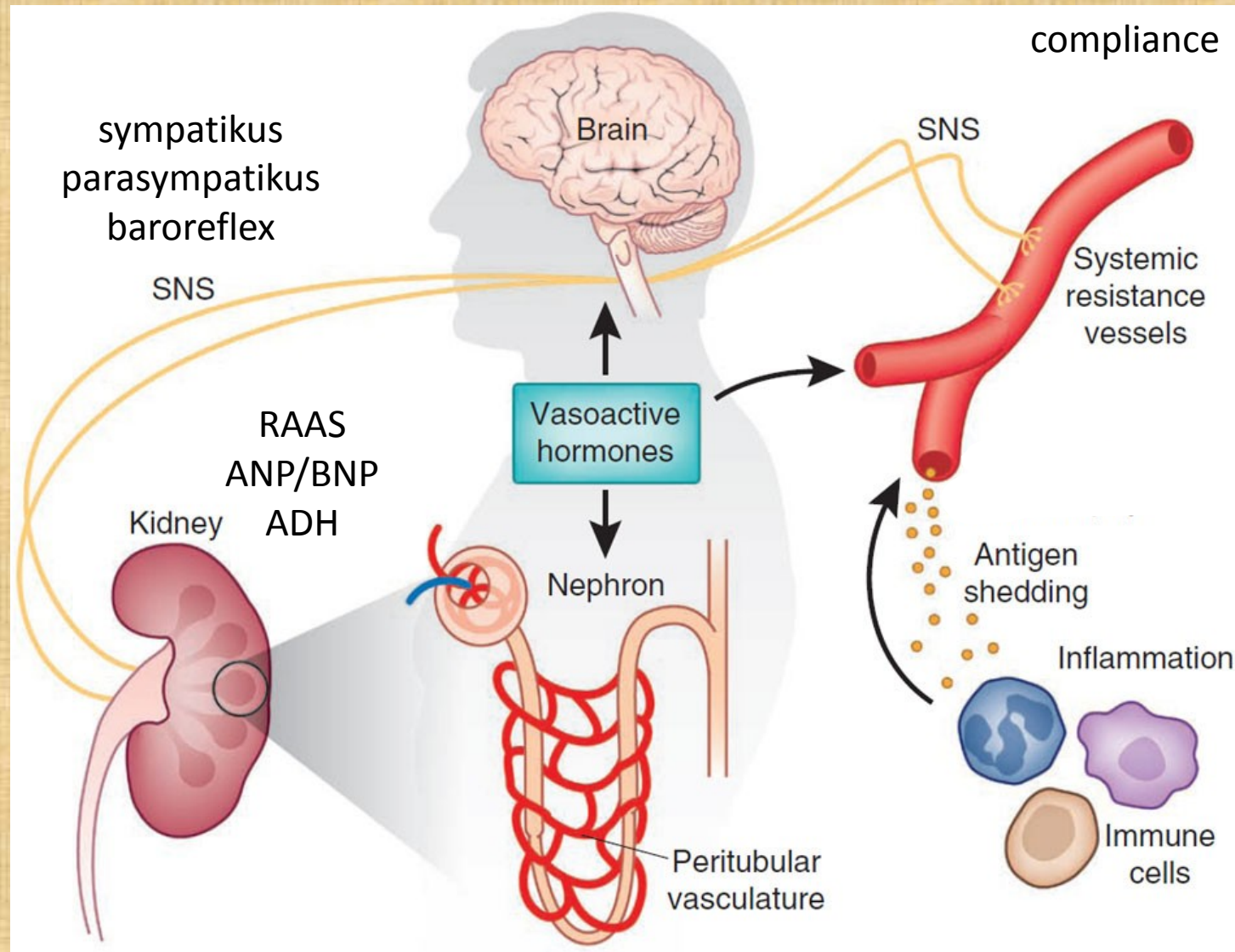
Night-time (or asleep) mean >_120 and/or >_70

24 h mean >_130 and/or >_80

- Home BP mean >_135 and/or >_85

- BP = blood pressure; DBP = diastolic blood pressure; SBP = systolic blood pressure.
- aRefers to conventional office BP rather than unattended office BP.

Regulation of blood pressure – complex process



Vasoconstriction:

angiotensin II, vasopresin, epinephrin (α_1), serotonin, PGF/TXA₂, endothelin, cofein, NPY

Vasodilatation:

NO, adrenalin (β_2), adenosin, acidosis, histamin, PGD₂/PGE₂/PGI₂, prostacyclins, VIP, bradykinin

EXERCITATIO.
ANATOMICA DE
MOTV CORDIS ET SAN-
GVINIS IN ANIMALL

BVS.

GVILIELMI HARVEI ANGLI,
*Medici Regii, & Professoris Anatomia in Col-
legio Medicorum Londinensi.*



FRANCOFRTI,
Sumpibus GVILIELMI FITZERI.
ANNO M. DC. XXVIII

Obr. 4.28. Titulná strana prvého vydania Harveyovho diela z roku 1628

let me remark that 400 years ago

REGULATION IN CARDIOVASCULAR SYSTEM

Main function:

- keep relatively constant arterial blood pressure
- keep perfusion of tissues

Regulation of vessels tone

- Tone of the vessels = basic tension of the smooth muscle inside of the wall
(vasoconstriction x vasodilatation)
- Regulation - local autoregulation
- system regulation

Autoregulation

Autoregulation – the capacity of tissues to regulate their own blood flow

Myogenic theory – Bayliss phenomenon (as the pressure rises, the blood vessels are distended and the vascular smooth muscle fibres that surround the vessels contract; the wall tension is proportional to the distending pressure times the radius of the vessels – law of Laplace)

örüm.



Autoregulation

- **Metabolic theory** – vasodilator substances tend to accumulate in active tissue, and these metabolites also contribute to autoregulation
 - ending products of energetic metabolism – CO_2 , lactate acid, K^+
 - effect of hypoxia (circulation: vasodilatation x pulmonary circulation: vasoconstriction)
 - Adenosin – coronary circulation: vasodilatation

Autoregulation

- **by substances which releasing from:**
 - endothelium
 - tissues

Substances secreted by the ENDOTHELIUM

Vasodilatation:

Nitric oxide (NO) from endothelial cells
(originally called: EDRF)

Prostacyclin is produced by endothelial cells

Vazoconstriction:

Endothelins (polypeptids – 21peptides)

three isopeptides: ET 1, ET 2 , ET 3

Substances secreted by the tissues:

Histamine – primarily tissue hormones.

General affect: vasodilatation - decrease periphery resistance, blood pressure

KININS: 2 related vasodilated peptides

Bradykinin + lysylbradykinin (kallidin).

Sweat glands, salivary glands

10x stronger than histamine

Relaxation of smooth muscle, decrease blood pressure

Systemic regulation

By hormones

Catecholamines – epinephrine, norepinephrine - effect as activation of sympathetic system

RAAS - stress situation

ADH - general vasoconstriction

Natriuretic hormones - vasodilatation

Neural regulatory mechanism

Autonomic nervous system

Sympathetic: vasoconstriction

All blood vessels except capillaries and venules contain smooth muscle and receive motor nerve fibers from sympathetic division of ANS (noradrenergic fibers)

- Regulation of tissue blood flow
- Regulation of blood pressure

Parasympathetic part: vasodilatation

Only sacral parasympathetic cholinergic fibres (Ach) innervated arteriols from external sex organs

Sympathetic nervous system

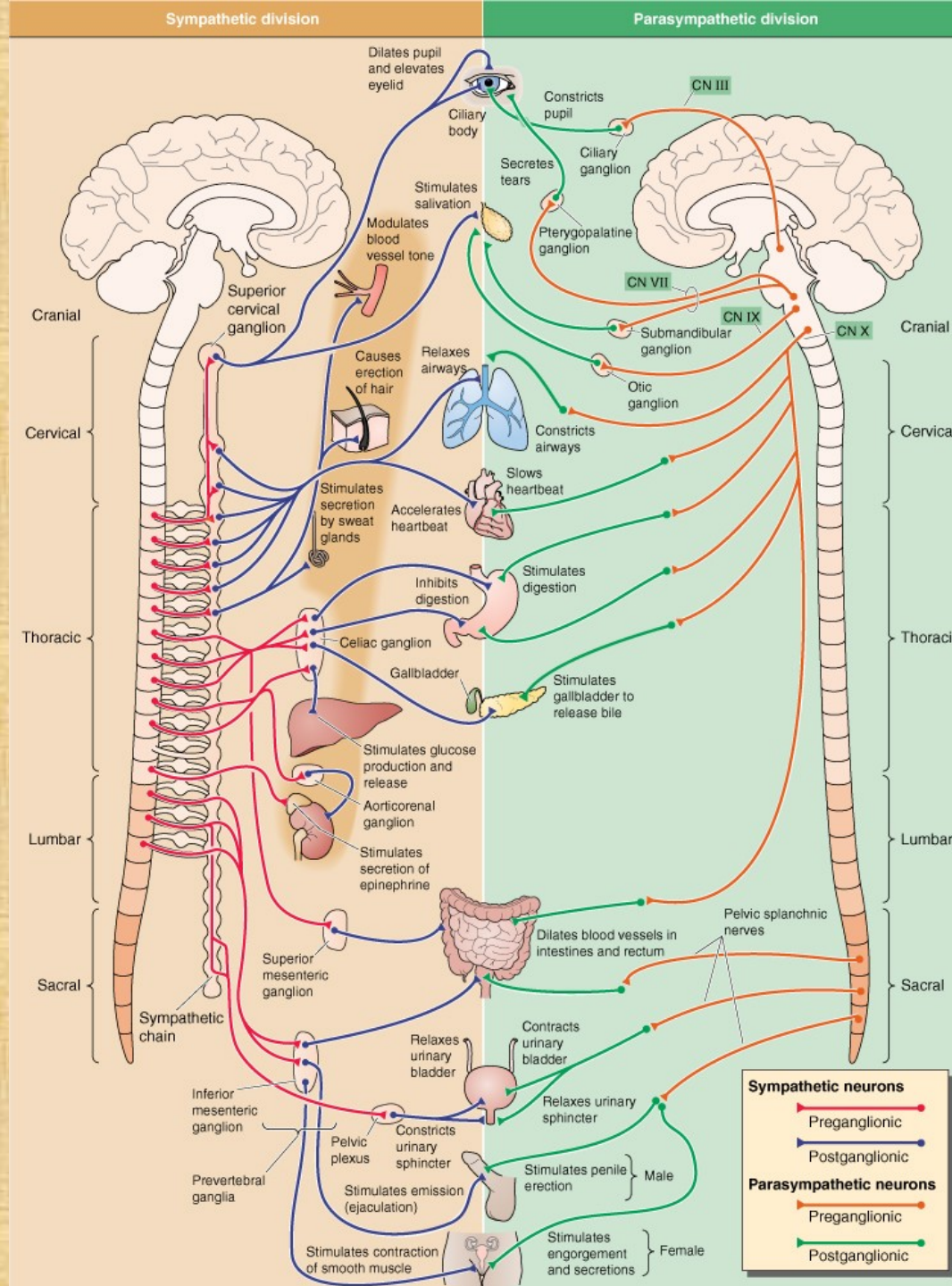
Fight or flight response

Energy/store consumption

Preganglionic neuron
 – Spinal cord
 -Thoraco-lumbar system

Ganglia
Paravertebral
 -Truncus sympathicus
 - Majority
Prevertebral
 -Plexus aorticus

Mostly diffuse effect



Parasympathetic nervous system

Rest and digest response

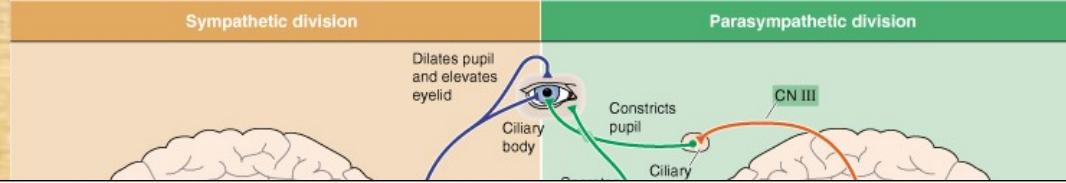
Energy conservation/en. store production

Preganglionic neuron
 – Brain stem and spinal cord
 – cranio-sacral system

Ganglia
Close to target organs or intramurally

Mostly local effect

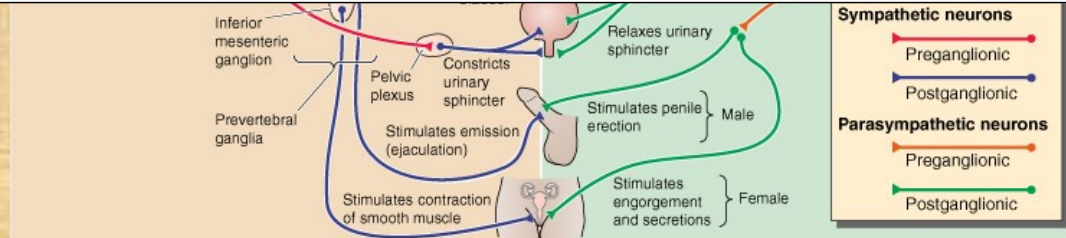
Sympathetic nervous system



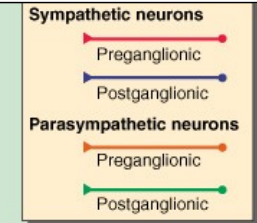
Parasympathetic nervous system

System/function	Parasympathetic	Sympathetic
Cardiovascular	Decreased cardiac output and heart rate	Increased contraction and heart rate; increased cardiac output
Pulmonary	Bronchial constriction	Bronchial dilatation
Musculoskeletal	Muscular relaxation	Muscular contraction
Pupillary	Constriction	Dilatation
Urinary	Increased urinary output; sphincter relaxation	Decreased urinary output; sphincter contraction
Gastrointestinal	Increased motility of stomach and gastrointestinal tract; increased secretions	Decreased motility of stomach and gastrointestinal tract; decreased secretions
Glycogen to glucose conversion	No involvement	Increased
Adrenal gland	No involvement	Release epinephrine and norepinephrine

Mostly diffuse effect



Mostly local effect



INTEGRATION of regulation in cardiovascular system

The regulation of the heart:

- Rami cardiaci n. vagi

Cardiac decelerator center - medula oblongata (ncl.dorsalis, ncl. ambiguus) – parasympathetic fibres of nervus vagus

: vagal tone (tonic vagal discharge)

Negative chronotropic effect (on heart rate)

Negative inotropic effect (on contractility)

Negative dromotropic effect (on conductive tissue)

INTEGRATION of regulation in cardiovascular system

The regulation of the heart:

- nn. cardiaci

Cardiac accelerator center – spinal cord, sympathetic ganglia – sympathetic NS

Positive chronotropic effect (on heart rate)

Positive inotropic effect (on contractility)

Positive dromotropic effect (on conductive tissue)

INTEGRATION of regulation in cardiovascular system

Vasomotor centre (regulation for function of vessels)

Medula oblongata

- ✓ *presoric area* (rostral and lateral part – vasoconstriction – increase blood pressure)

- ✓ *depresoric area* (medio-caudalis part – vasodilatation, decrease of blood pressure)

INTEGRATION of regulation in cardiovascular system

- Influence by central nervous system
 - cerebral cortex
 - limbic cortex
 - hypothalamus

Regulation of blood pressure

Short - term regulation

- baroreflex

Middle - term regulation

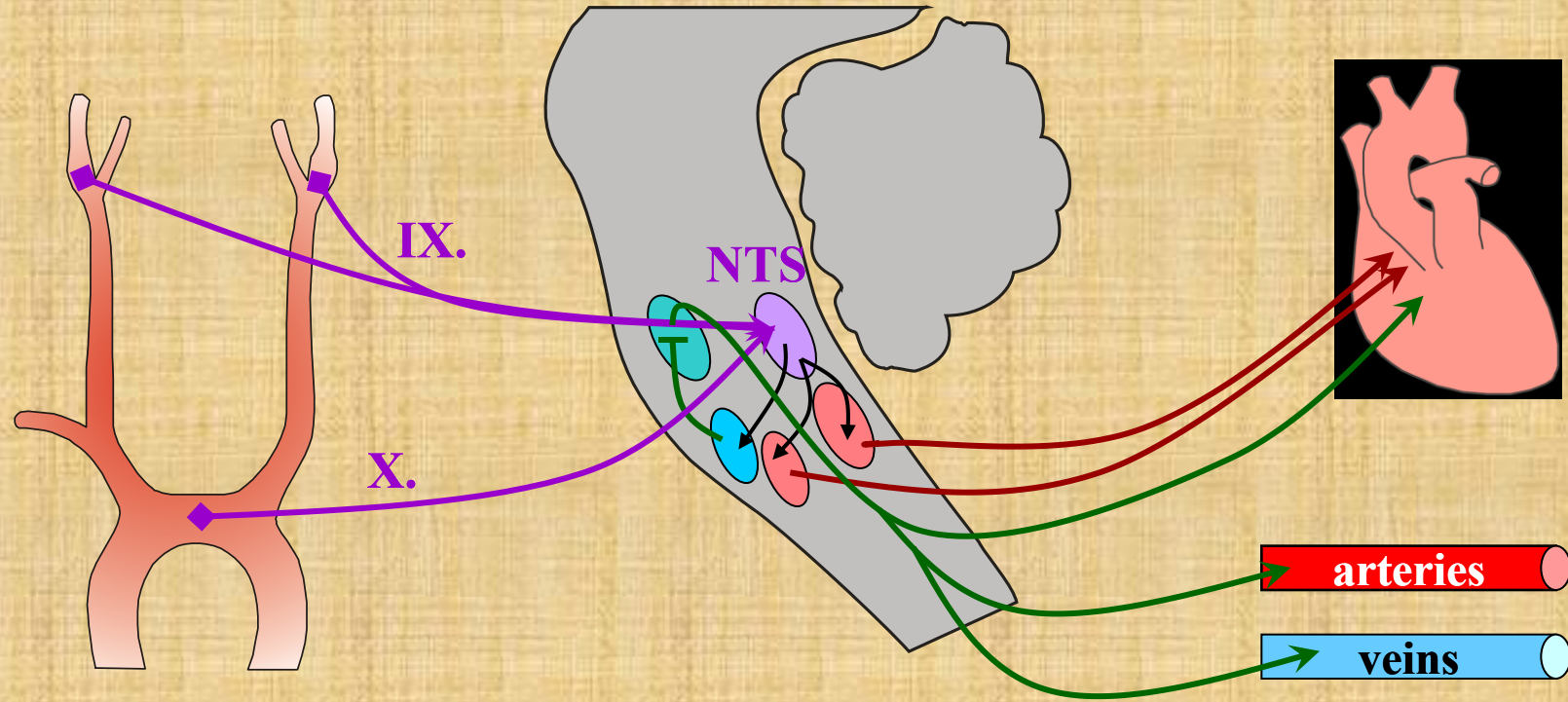
- humorals regulation

- sympathetic - catecholamines
- RAAS (decrease perfusion pressure in kidney – secretion of renin)
- ADH

Long – term regulation

- kidney regulation

BAROREFLEX



BAROREFLEX

- Baroreflex – in every day life
- Orthostatic – clinostatic reaction
- Valsalva manœuvre - defecation

*změna délky tepového intervalu
vyvolaná změnou systolického
krevního tlaku o 1 mmHg*

*A change of duration of pulse
interval (in ms) due to a change of
systolic blood pressure by 1 mmHg*

Laboratorní metody:

- aplikace phenylephrinu
- neck suction
- Valsalvův manévr

Laboratory methods:

- Phenylephrin application
- neck suction
- Valsalva manoever

Spontánní metody:

- **v časové doméně**
 - sekvenční analýza
- **ve spektrální doméně**
 - vzájemná spektrální analýza
 - α -index

Spontaneous methods:

- **in time-domain**
 - Sequence analysis
- **in frequency-domeain**
 - cross-spectral analysis
 - α -index

Bolus injections of vasoactive drugs

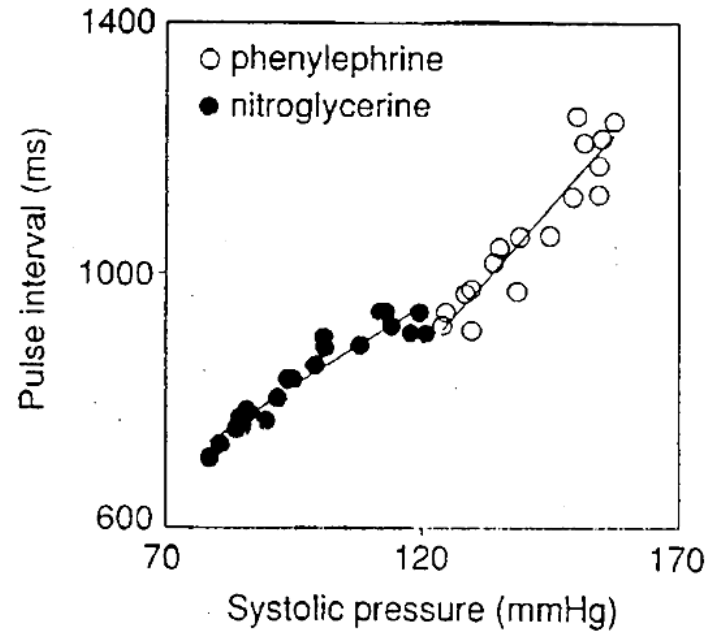
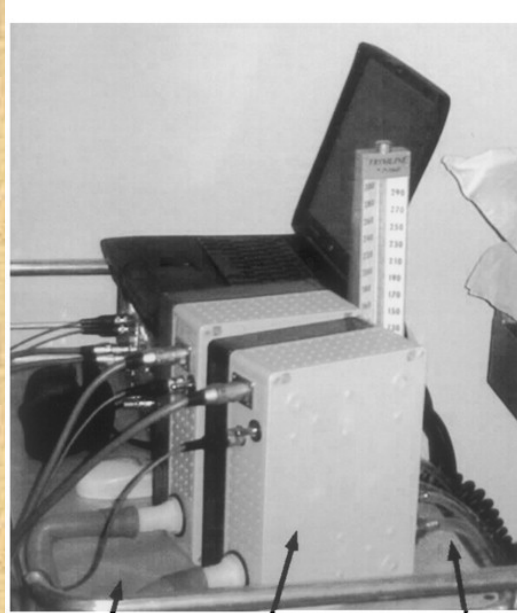
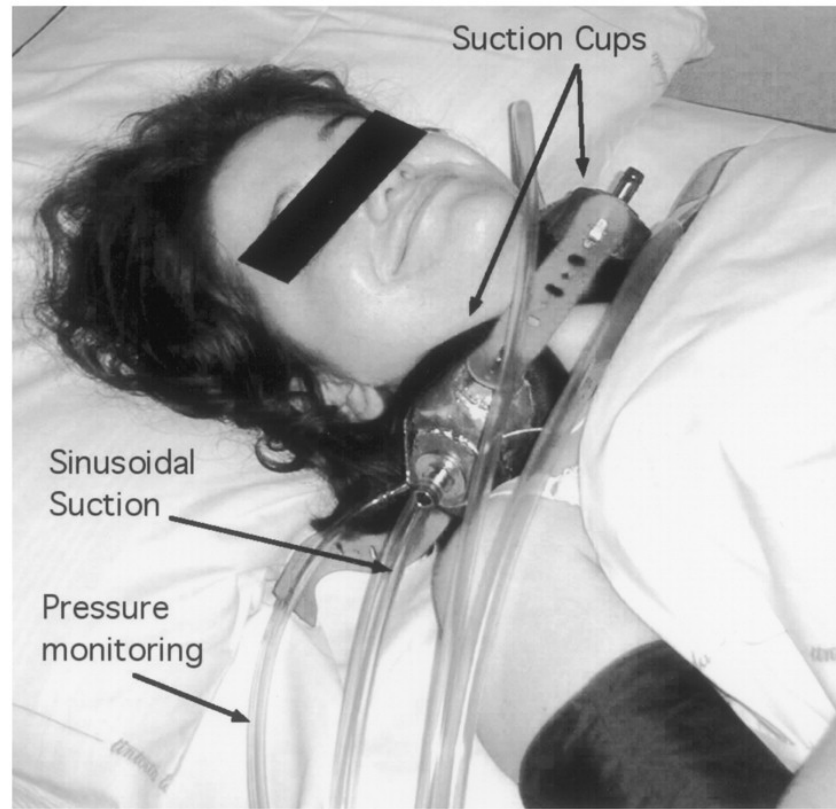


FIG. 5.4. Comparison of R-R interval responses of one subject to intravenous bolus injections of phenylephrine and nitroglycerine. Adapted with permission from Pickering *et al.* 1972c).

BAROREFLEX SENSITIVITY
- Phenylephrin application



Constant suction Mechanical valves Sinus.suction (to the patient)



Furlan R et al. *Circulation* 2003;108:717-723

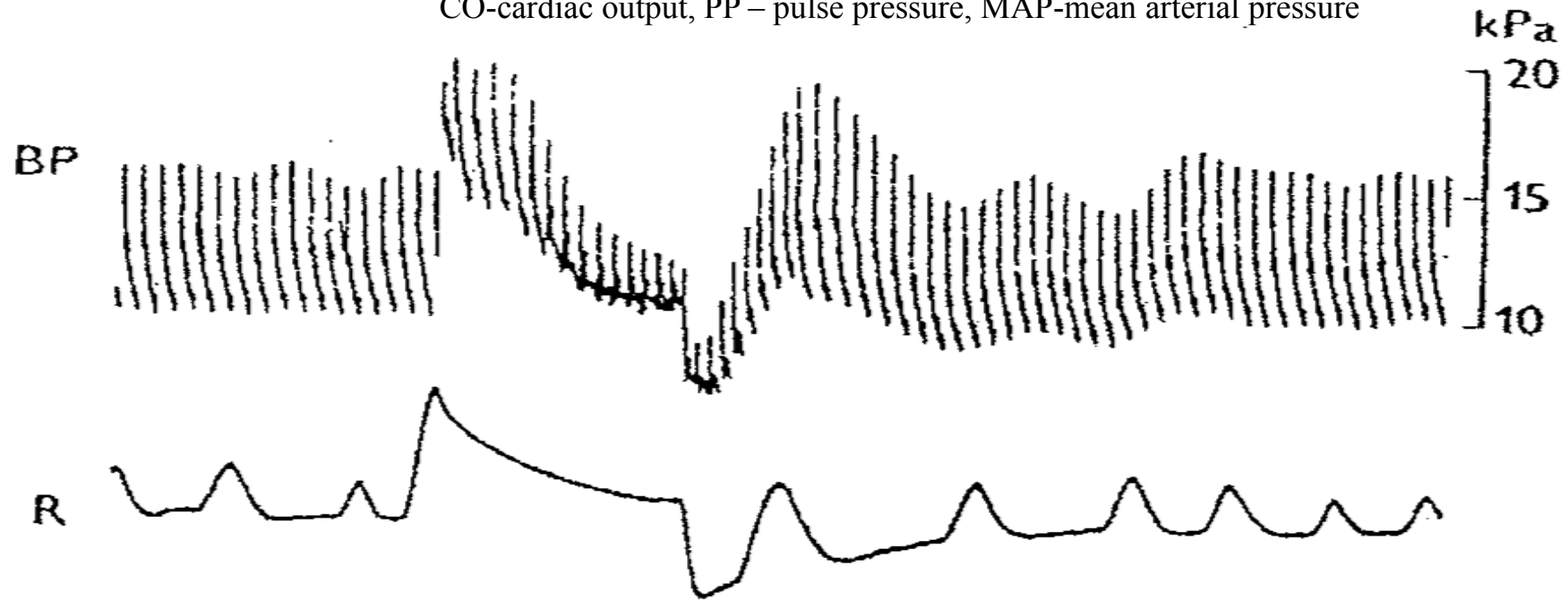
BAROREFLEX SENSITIVITY - Neck suction



(↑BP)↓VR→↓CO→↓PP→↓MAP

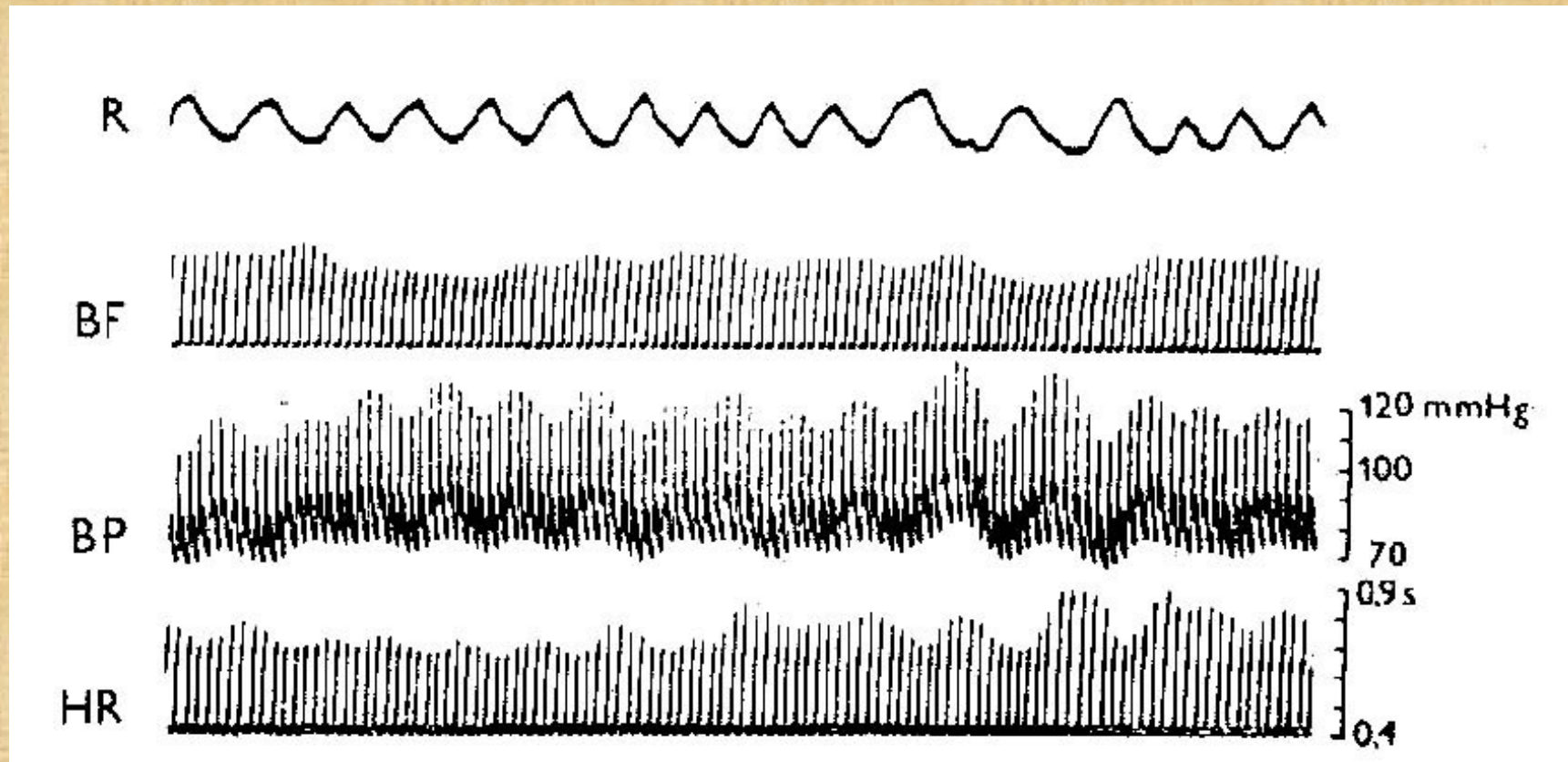
BP-blood pressure, VR-venous return,
CO-cardiac output, PP – pulse pressure, MAP-mean arterial pressure

BP-blood pressure, VR-venous return,

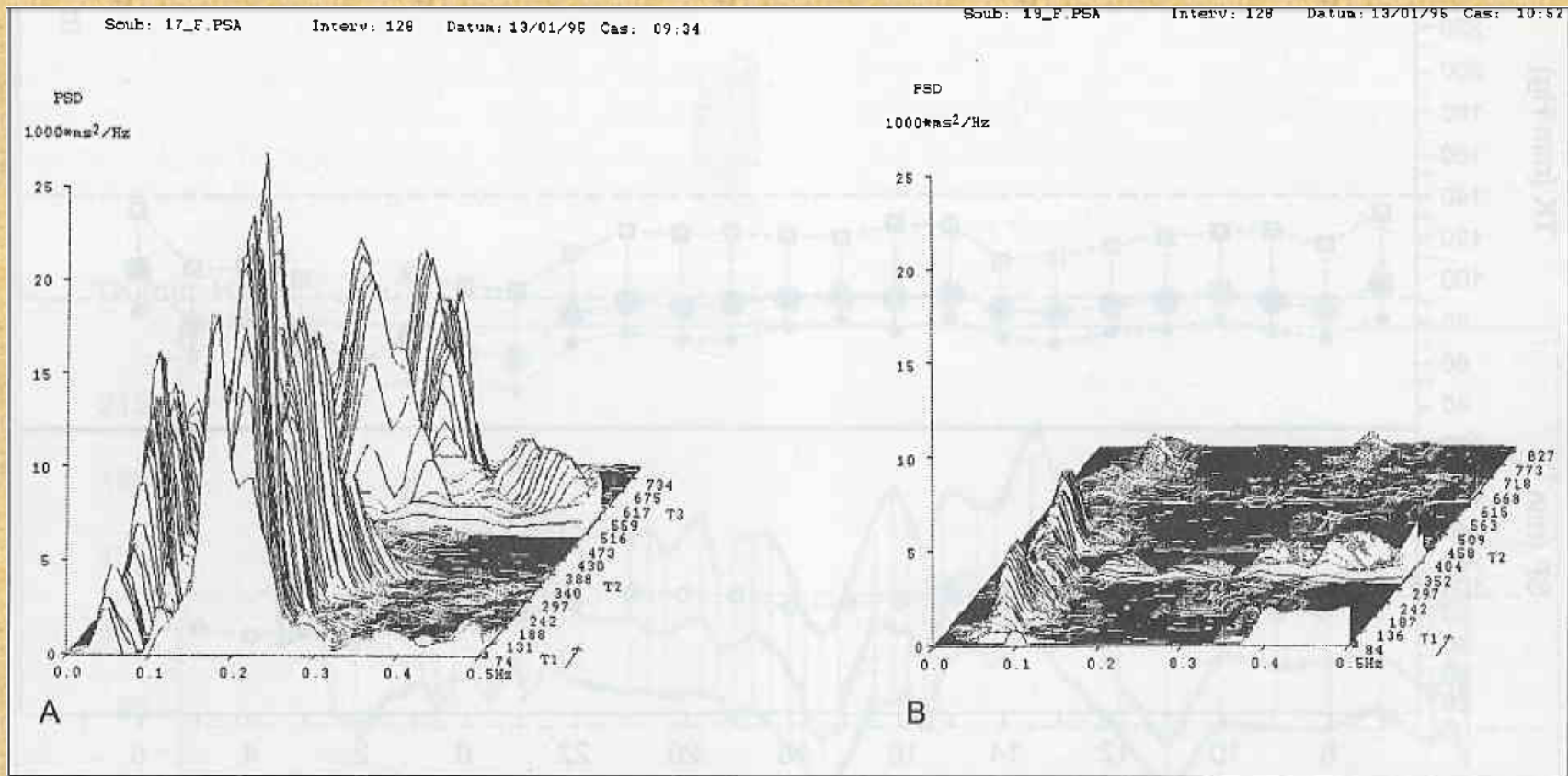


BAROREFLEX SENSITIVITY
- Valsalva manoever

Records of circulatory parameters



- **Spectral analysis:**
- Carried out under standard conditions at various maneuvers (supine, standing); evaluated with 300 representative intervals RR / NN /
- Another mathematical processing (Fourier transform) - length RR intervals are converted to cycles in Hz
- The spectrum is divided into several components – low (LF: the sympathetic modulation) and high frequency (HF: vagal modulation)
- **People with reduced heart rate variability have a 5 times higher risk of death**

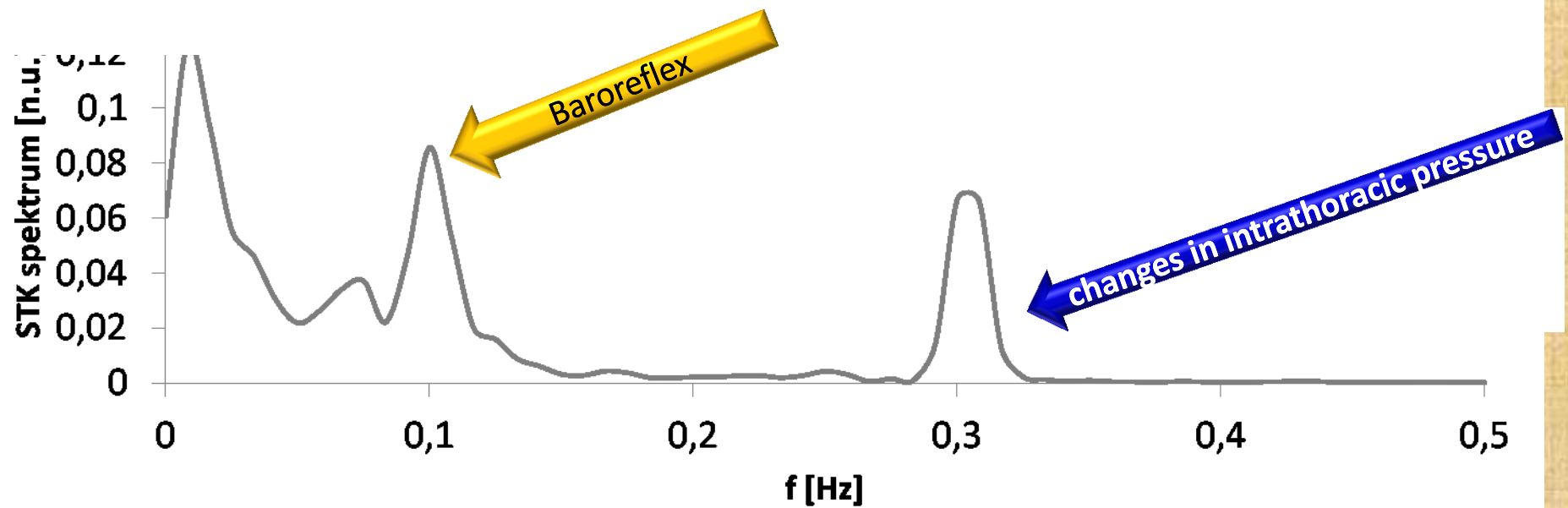
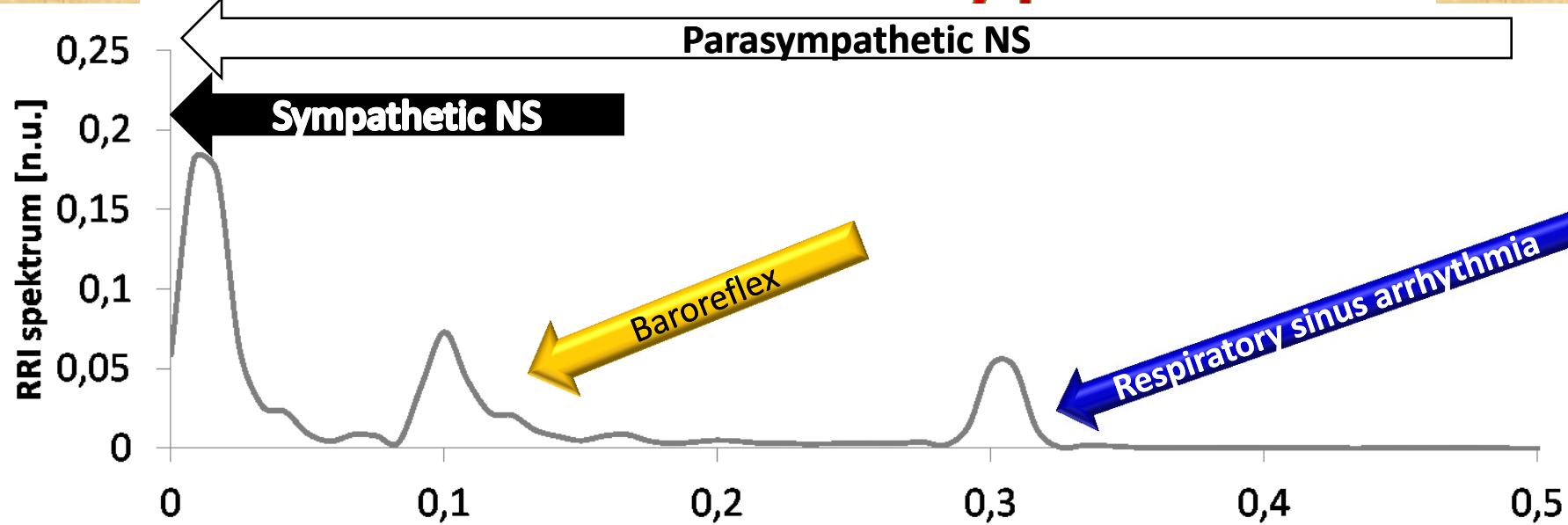


Obr. 9.22 Spektrální analýza variability srdeční frekvence (*VariaPulse TF3*)

Osa x – spektrum cyklů v Hz; osa y – PDS ($\text{ms}^2 \text{Hz}^{-1}$); osa z – čas trvání vyšetření v s (T_1 – první řada vleže; T_2 – druhá řada vstoje; T_3 – zadní řada po položení)

A – normální zdravý jedinec: vykazuje dobrou variabilitu vlivem sympatické aktivity v oblasti LF a vysokou variabilitu vlivem vagové tonizace v oblasti HF; B – starší nemocný po srdečních infarktech s komorovými arytmiemi: převažují LF-oscilace posunuté značně k nejnižším hodnotám (0,06 Hz) s nízkým PDS, které svědčí pro převahu sympatiku vzhledem k praktickému vymizení HF-oscilací (0,2 – 0,4 Hz) pro vagovou dysfunkci.

VARIABILITY of circulatory parameters



Resetting of baroreflex

- During repeated raising of blood pressure - **e.g. in chronic hypertension** - the force of baroreflex reaction on systemic blood pressure is lower
- ??? Why??? mechanical changes in baroreceptors – decrease sensitivity due to structure changes on the vessels wall OR dysfunction of endothelium OR down-regulation in the brain center due to their increasing frequency of stimulation
- Resetting of baroreflex can regulate the changes in blood pressures, but the resetting is unable to go back on „normal“ level
- Resetting is a partially reversible – during a short-term influence of raising blood pressure
- *Notice: in clinical practice:*
 - *!start treatment of hypertension in time!*

Middle – term regulation 1

catecholamines

- Mediators of sympathetic nerves for baroreceptors and chemoreceptors
- Sympathetic nervous system stimulates releasing of epinephrine and norepinephrine from adrenal medulla – main function: vasoconstriction – chronotropic effect – inotropic effect
- Its function start during minutes or hours

Middle – term regulation 2

Renin - angiotensin - aldosteron

- System in kidney

+

extrarenal system (in other tissues – brain, adrenal medulla, gonades, eyes)

+

Intermediate system – heart, smooth muscles

- Renin – in juxtaglomerular cells in kidney
- In liver – glycoprotein angiotensinogen – release angiotensin I (decapeptid) – due to angiotensin converting enzyme to angiotensin II(oktapeptid) or angiotensin III (aminopeptidase)
- Angiotensin II – other way – chymase – in th heart and arterioles
- (it is reason why during treatment by ACE blocatores – the angiotensin level is not reduce)

Secretion of renin is modulated by

- Sympathetic nervous system – beta 1 receptors activation – main mechanism of secretion of renin
- Second way – by special mechanism due to sensitivity on sodium
 - exists a special intrarenal mechanism – negative sodium balance increase the renin secretion
 - ??? hypothesis – macula densa register of sodium concentration in renal tubular system – this information transports to juxtaglomerular cells where activated renin-angiotensin system (has an influence on secretion of renin – release angiotensin II);
 - Increase level of sodium – decrease releasing of renin (mediator – Nitric Oxide)
- ??? Arterial pressure – stretch receptors (baroreceptory) in vas afferens (juxtaglomerular cells) – influence on blood pressure in kidney or also in systemic circulation???

Angiotensin II - Effects (Overview)

- Vasoconstriction
- Change in renal hemodynamics – decrease of blood flow in kidney and glomerular filtration
- Influence on reabsorption of sodium in renal tubules
- It invokes or enhances the presynaptic release of noradrenaline
- Stimulates the release of ADH

Effect of ANGIOTENSIN III

- Stimulation of aldosterone secretion from the adrenal cortex

Middle – term regulation 3

ADH - vasopressin

- During a strong decline of blood pressure
from posterior pituitary – vasoconstriction

May be: slowly effect – retention of water in distal tubule and proximal part of collecting ducts

Long – term regulation

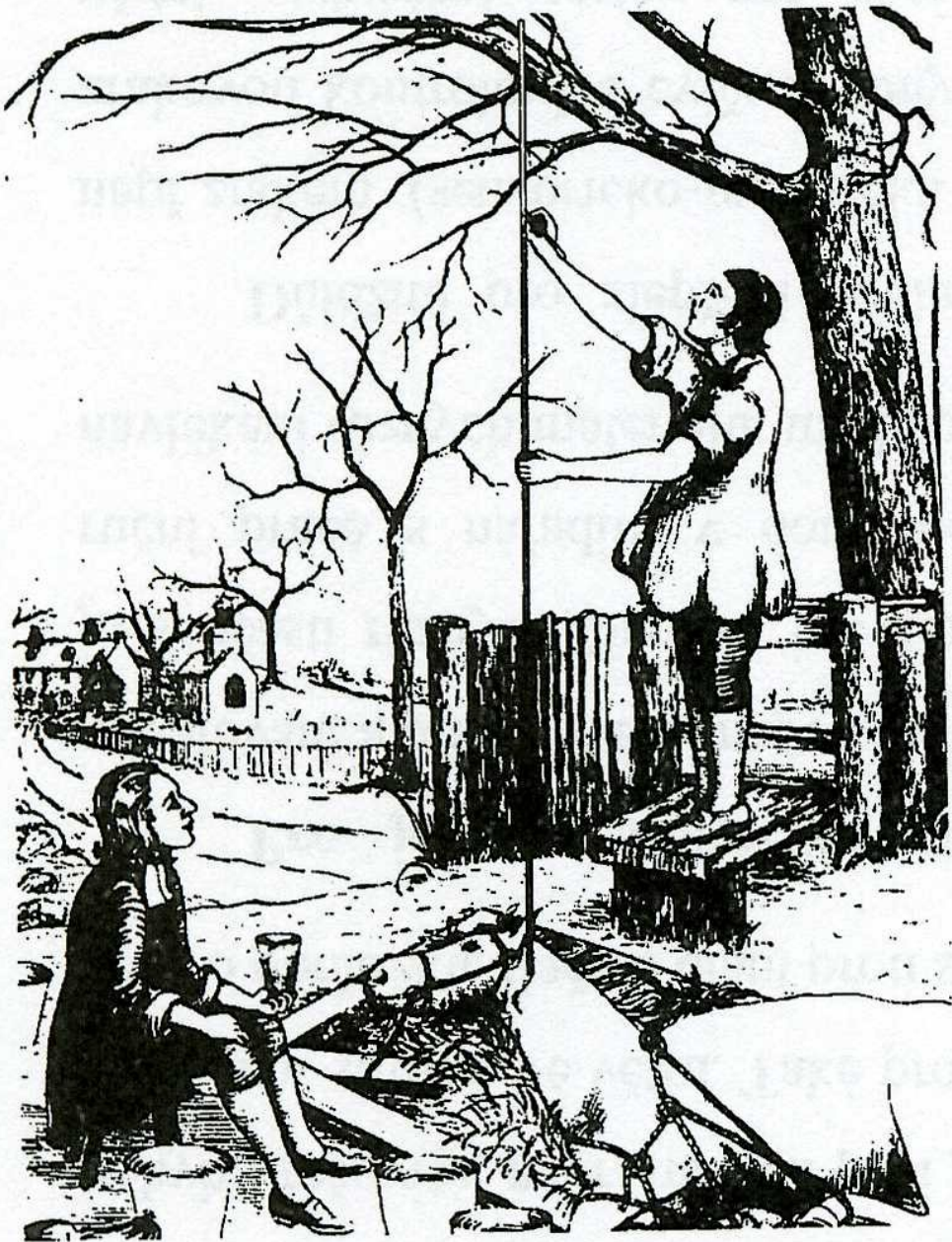
- Little is known about how this occurs
- **Pressure diuresis** regulates the volume in circulation and keep „pressure homeostasis“
- Blood pressure increases longer than 2 hours (persistent increase)– started pressure diuresis, its time duration a lot of days (increase blood pressure – increase excretion of sodium - osmotic activity – increase excretion of water ---decrease extravascular volume and decrease blood pressure)
- **a single control system which is not subject to adaptation** – the action takes as long as the pressure is returned to the original values (or if its action is not reversed by other mechanisms)
- With persistent decrease of BP - the opposite effect

Long – term system of pressure natriuresis

- It is a **cascade of regulatory processes**:
- the mechanical effect of increased blood flow through the kidney ... increased blood flow in the kidney papilla - increased renal interstitial hydrostatic pressure - increased tight junction of epithelial cells of the renal tubules for sodium - increased sodium excretion - increased excretion water - decrease in volume of circulatory fluids - pressure drop in the systemic circulation
- System of internal renal baroreceptors ... pressure increase in vas afferens ... restriction of renin production - attenuation of renal sympathetic stimulation - decrease in sodium reabsorption, reduction of fluid volume - pressure drop
- Na^+ - K^+ - ATPase inhibitory factor – released from adrenal medulla (steroid-like digitalis - possibly ouabain)
- Increased AT_2 receptor expression for angiotensin II (may antagonize the effects of inadequate AT_1 receptor stimulation, in rat experiments demonstrated - increased sodium and water excretion)
- Others: bradykinin, urodilatin, renal natriuretic peptides

Methodology of blood pressure measurement

Misinterpretation of values



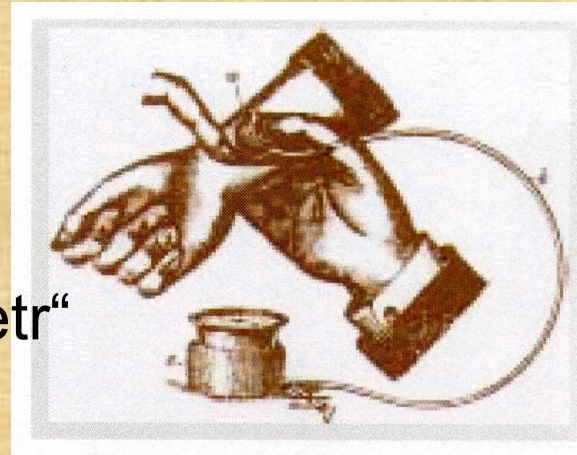
Blood pressure measurement

The system pressure values are, for technical reasons, dependent on:

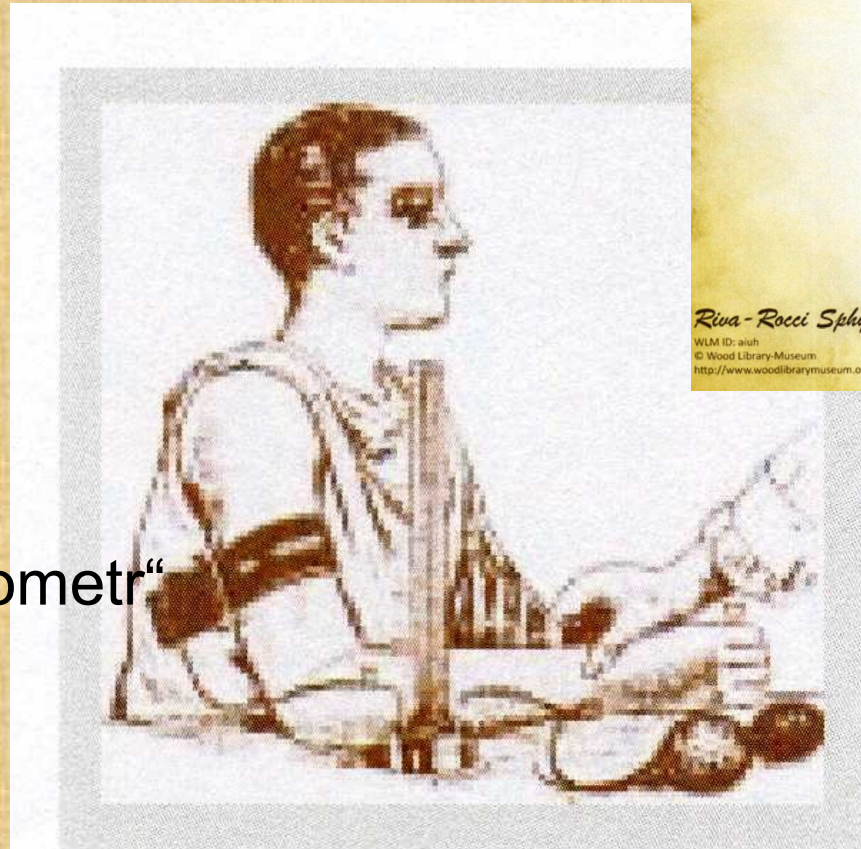
- Measuring method used
 - Non-invasive methods:
 - auscultatory
 - oscillometry
 - ultrasound
 - photoplethysmography
 - Invasive methods
 - indirect – Swan-Ganz's catheter
 - direct – catheter with a pressure sensor at the end
- Methodology
 - Clinical measurement – in ambulance - practitioner
 - Home measurement
 - 24hour ambulatory blood pressure monitoring

Palpatory method

Austrian Von Basch
„aneroid sphygmomanometr“
With baloon on wrist
1876



Italian physician
Riva Rocci
„mercury sphygmomanometr“
With cuff on the arm
1896



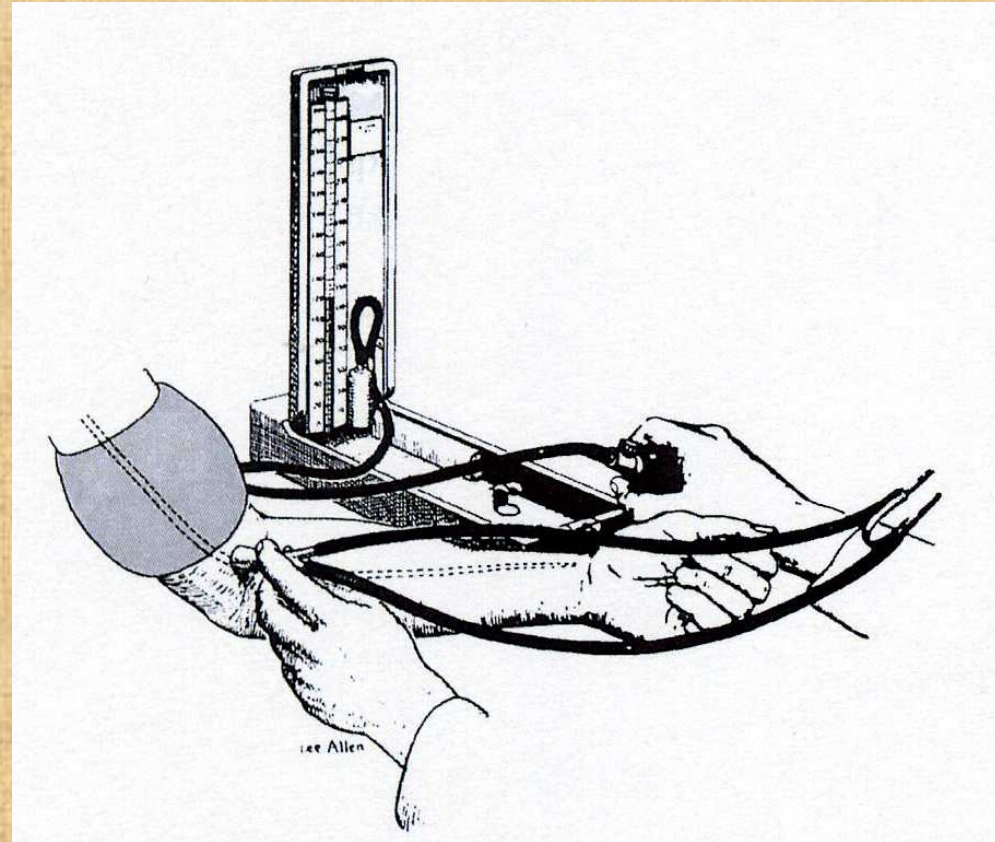
Auscultatory methods

- based on detection of Korotkoff phenomena
- „gold standard“
- with comparison on intra-arterial measurement of blood pressure – we will find: lower values for SBP and higher values of DBP
 - /this is only technical systemic mistake – does not matter/
- According a guidelines for diagnostic of arterial hypertension: we diagnose arterial hypertension: **repeated blood pressure increase above 140/90mmHg, demonstrated at least in two out of three measurements using the auscultation method in the clinical setting**

Auscultatory method

Russian army surgeon
Nikolaj Korotkoff
1904

„mercury sphygmomanometer“
The cuff on the arm,
stethoscope in the area of
the elbow



Oscillometric method

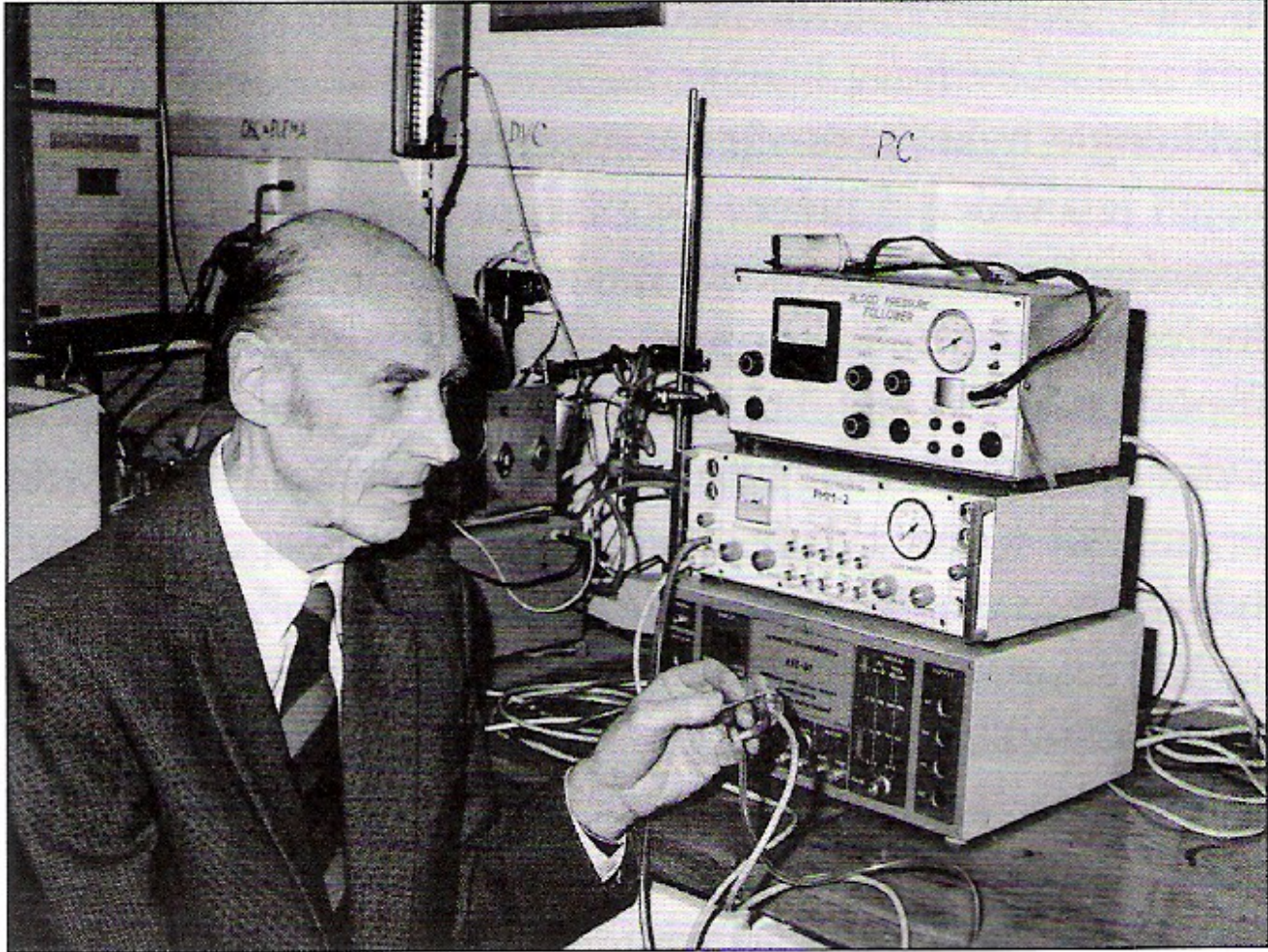
- Author: Mr. Marey – the first describe on 1876
- It has been repeatedly demonstrated that the oscillation of BP in the sphygmomanometric cuff is measured during its gradual discharge - **the point of maximum oscillation corresponds to the mean arterial pressure measured invasively**
- Oscillations begin approximately around systolic pressure values and continue after deflation of the cuff = **both systolic and diastolic pressure is estimated only indirectly based on empirical derived algorithms**
 - Advantage: Less susceptible to external noise
 - Disadvantage: definitely unreliability in physical activity - distortion by motion artifacts + susceptible to low-frequency mechanical vibrations

Ultrasound method

- The device includes an ultrasonic vibration generator and an ultrasonic sensor - placement via the brachial artery and under the sphygmomanometric cuff
When deflate the cuff, it induces a systolic movement of the arterial wall that causes the Doppler phase shift in the transmitted ultrasound signal; diastolic BP is calculated by a significant reduction in arterial wall motions
- Other variant: systolic BP based on blood flow detection - in newborns and small children

Digital photoplethysmography

- Continuously blood pressure measurement - „beat to beat“ – from digital artery
- Profesor Jan Peňáz – Department of Physiology – Masaryk university in Brno - patent 1969
- Disadvantage: can not be used in conditions with peripheral vasoconstriction (shock states, vasoneurosis, diabetic angiopathy)

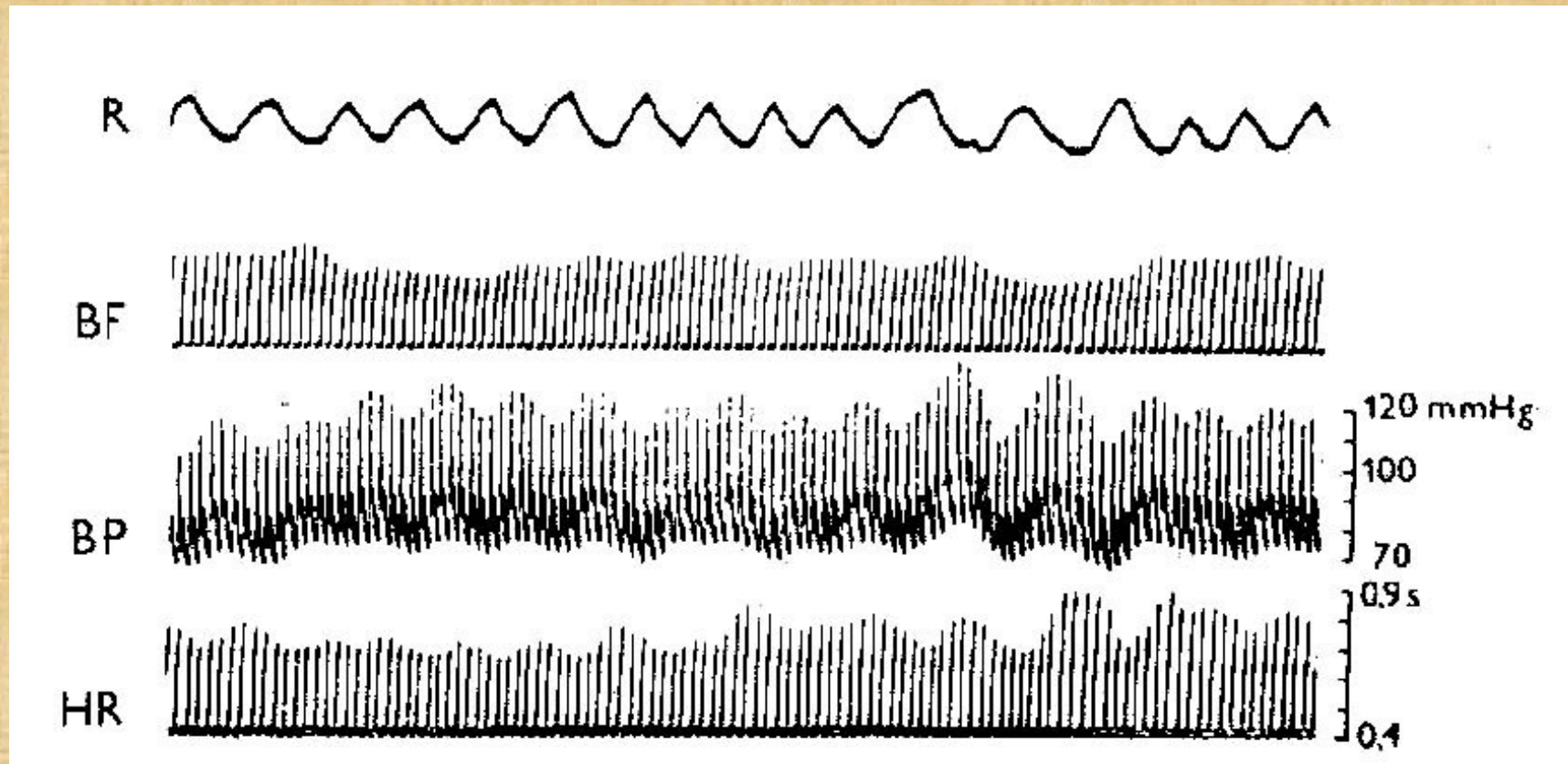


- We need that **pressure in the cuff corresponded to the pressure of the digital artery**
- **Method: photoplethysmography**
- Recorded photoelectric plethysmogram
- The new term: **Transmural pressure** – P_t (the pressure across the wall of the artery)
- BP (blood pressure inside artery), P_c (pressure in cuff), P_t (transmural pressure)
- We estimated: **$BP = P_c \dots P_t = 0 \dots$** photoplethysmogram registered the highest amplitude of oscillation
- **Step by step** increase of P_c , in the moment of the highest amplitude – **feed-back loop** started for obtained (keeping) the constant volume of the finger

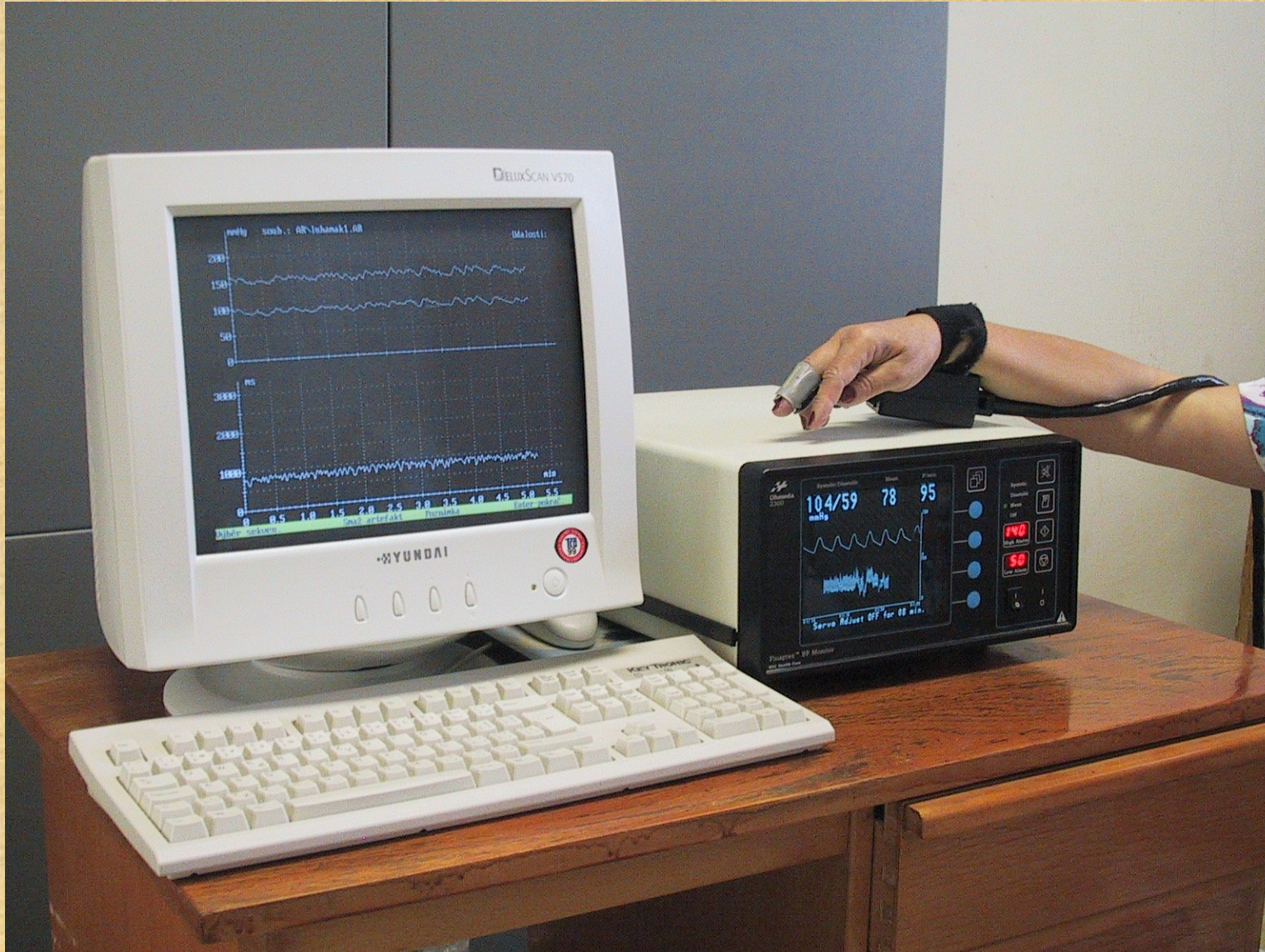
Penaz patent

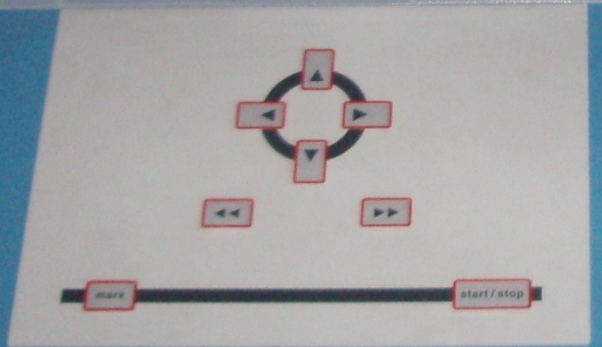
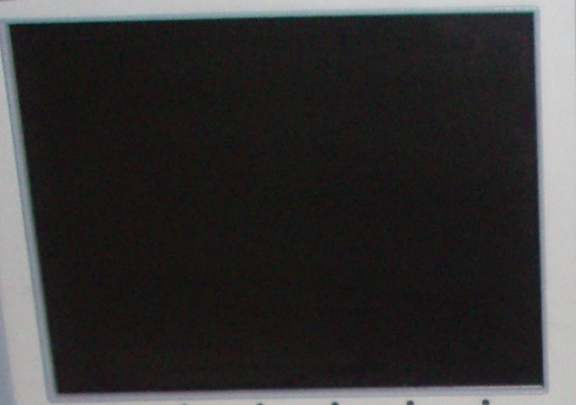
- He used the signal from the photocell to control the external cuff pressure and that to keep the finger volume unchanged. This has achieved that pressure in the cuff monitors blood pressure in the artery.

Record of breathing and waves in circulatory parameters (Peňáz's photoplethysmomanometr)



Finapres (Ohmeda, USA)





FOS Finometer
PORTABLE FINOMETER SYSTEM



Invasive measurement of blood pressure

- The most accurate measurement method of BP – BUT HIGH RISK:
 - difficult accessibility, risk of infection diseases
- Usage: BP monitoring in critical states (coronary units, intensive care units); in more complex therapeutic procedures
 - Indirect - Swan-Ganze catheter - hollow tube, on the vessel side with a hole, the other side connected to the sensor - filled with physiological solution - transfer of pressure changes from the vessel's lumen towards the sensor – inaccurate
 - Direct – special sensor – special microsensor on the vessel side - the blood pressure signal is transmitted from it
 - up-to-date catheters - signal transmission via fiber optics
 - **Important for the diagnosis of all forms of pulmonary hypertension**

Methodology

Clinical statement

- In keeping with a good practice is still auscultation method able to report reliable results
- We must rely on *white-coat hypertension* versus *masked hypertension* in some patients

There is always higher BP in the case of BP measurement by physician and lower values measured by nurse or technician

Methodology 2

„Home“ blood pressure measurement

- Advantage: measurement by patients, elimination of white-coat hypertension effect, measurement in long period
- Disadvantage: technical problem, correct measurement by patient
- Classic oscillometry method – cuff on the arm
 - Attention on location of measurement on the wrist - in the vertical position - pressure above 15-20 mmHg higher than on the arm, even when in the heart position the SBP is higher by 2-3mmHg than on the arm
 - Finger position cuff (non digital photoplethysmography) - Higher values of 4 mmHg than on the arm (another characteristic of the pulse curve in the finger artery)

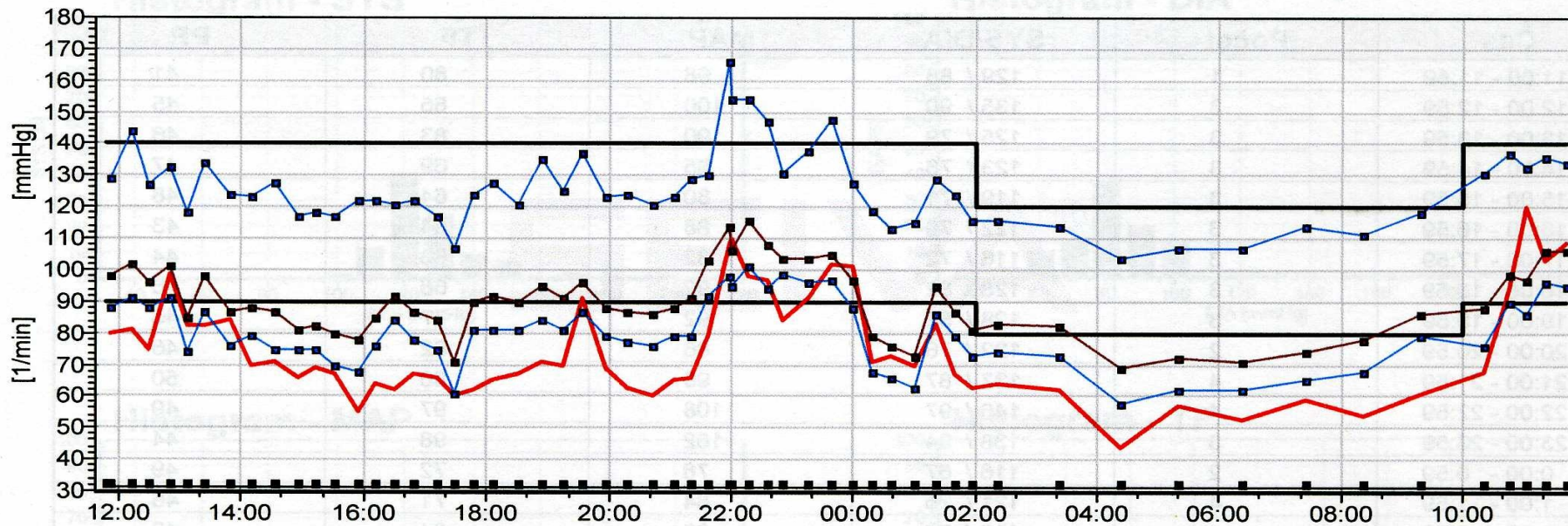
Values at home measurements are always lower than in the clinical setting – Hypertension society recommendation: BP higher than 135/85mmHg - are increased !

Methodology 3

24 hour ambulatory blood pressure monitoring

- Advantage: an overview of absolute values and variability in time-defined periods (! but still intermittent measurement!)
- Oscillometric method
- Information: SBP, DBP, pulse pressure, mean arterial pressure - profile of absolute values at monitored intervals; average and standard deviation for the period under review; % of the blood pressure parameters above the specified upper limit; calculation of different indexes; determination of variability of blood pressure fluctuation
- The number of BP increases in more than 40% of all values in either on night – or day-time interval – dg: arterial hypertension
- **ABPM values are lower than clinical values - recommendations:**
normal: below 135/85 daily and night under 120/70; 24 hour diameters 130/80 mmHg

Spojité graf



Souhrnná statistika

Fáze	Celkem				Denní 10:00 - 2:00				Noční 2:00 - 10:00				Dopl.			
Doba	24h 0min				0h 0min				24h 0min				0h 0min			
Počet měření	59				0				59				0			
Uživatelská měření	2				0				2				0			
Chybná a vynechaná	2				0				2				0			
Překročení mezí	SYS >140: 11 % DIA > 90: 21 %				SYS >140: 0 % DIA > 90: 0 %				SYS >120: 68 % DIA > 80: 46 %				Noční pokles SYS=?% DIA=?%			
Statistika tlaků [mmHg]	min	avg	max	dev	min	avg	max	dev	min	avg	max	dev	min	avg	max	dev
SYS - systolický tlak	104	126	166	12	0	0	0	0	104	126	166	12	0	0	0	0
DIA - diastolický tlak	58	80	101	16	0	0	0	0	58	80	101	11	0	0	0	0
MAP - střední tlak	69	90	116	20	0	0	0	0	69	90	116	11	0	0	0	0
TF - tepová frekvence	44	75	120	26	0	0	0	0	44	75	120	17	0	0	0	0

Závěr vyšetření

Methodology 4

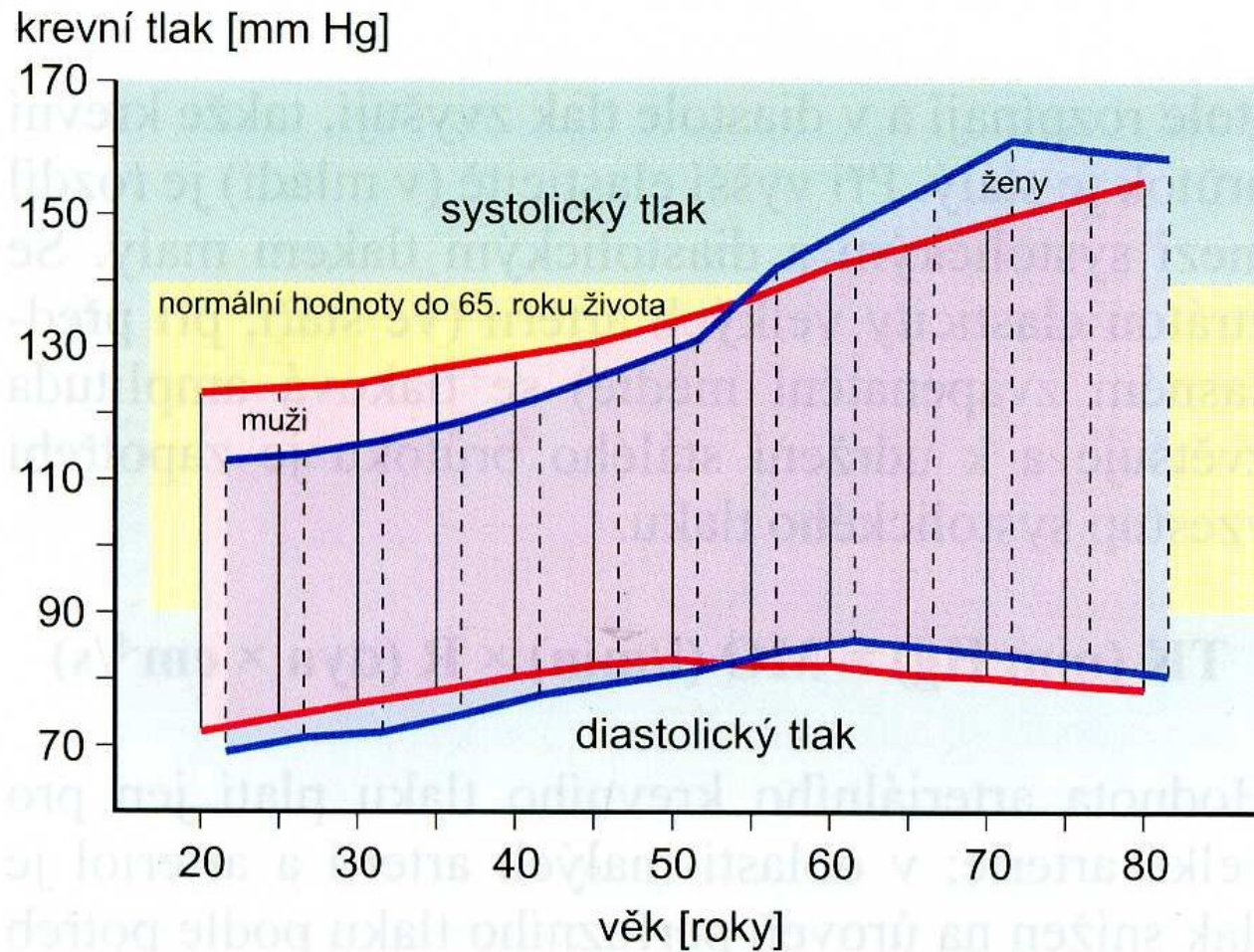
Continuously blood pressure measurement

- Beat to beat record by Penaz method
- BP is dynamic parameter
 - variability of fluctuation of heart rate and blood pressure – regulation by baroreflex – cooperation both parts of autonomic nervous system (sympathetic and parasympathetic part)
 - Necessary component in clinical tests - head up table test (on inclined plane) and BP dysregulation in young subjects - dif.dg syncope
 - BP regulation research - maneuvers – Valsalva etc.
 - BP measurement in extreme situations: supersonic airplane pilots – overload condition, the cosmic program – weightlessness condition etc.

Blood pressure

in children

Age influence on blood pressure in man and female

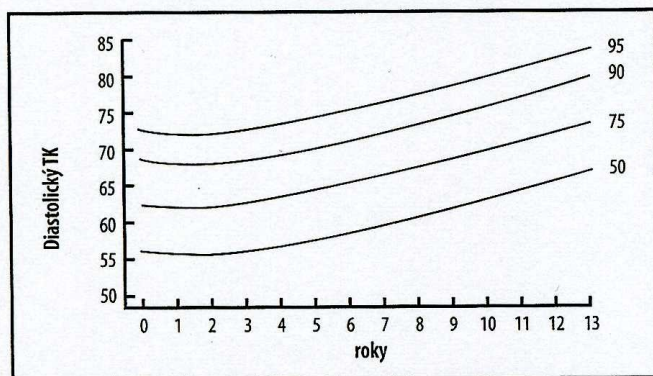
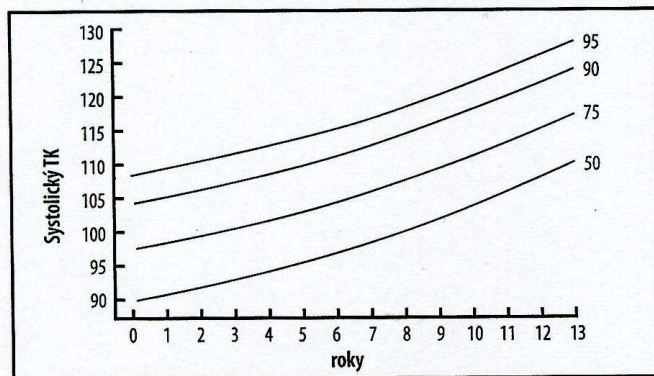


Classification BP values

category	Systolic BP	Diastolic BP
	(mmHg)	(mmHg)
optimal	< 120	< 80
normal	120 – 129	80 – 84
high normal pressure	130 – 139	85 – 89
Hypertension - mild	140 – 159	90 – 99
Hypertension - moderate	160 – 179	100 – 109
Hypertension - severe	≥ 180	≥ 110
Izolated systolic hypertension	≥ 140	< 90

According the Guidelines of European Society of Cardiology 2013

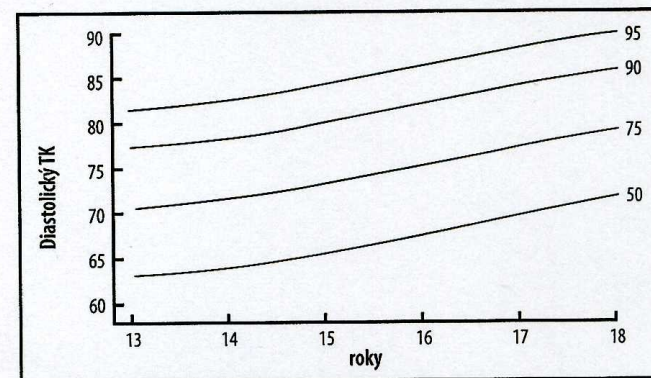
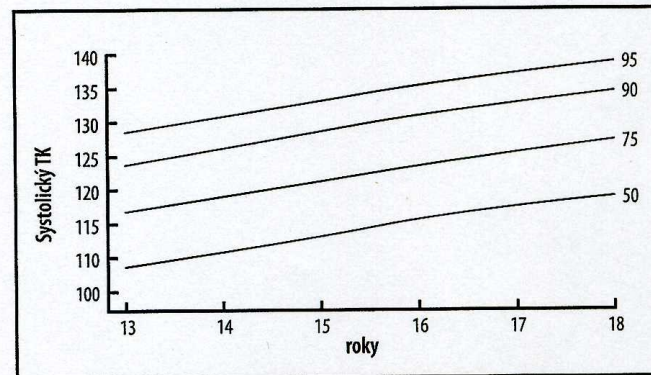
Percentilové grafy krevního tlaku u chlapců
od 1 roku do 13 let



90. percentil

Systolický TK	105	106	107	108	109	111	112	114	115	117	119	121	124
Diastolický TK	69	68	68	69	69	70	71	73	74	75	76	77	79
Výška v cm	80	91	100	108	115	122	129	135	141	147	153	159	165
Váha v kg	11	14	16	18	22	25	29	34	39	44	50	55	62

Percentilové grafy krevního tlaku u chlapců
od 13 do 18 let



90. percentil

Systolický TK	124	126	129	131	134	136
Diastolický TK	77	78	79	81	83	84
Výška v cm	165	172	178	182	184	184
Váha v kg	62	68	74	80	84	86

- [Current Hypertension Reports](#)
- **October 2017**, 19:84 | [Cite as](#)
- **Updated Guideline May Improve the Recognition and Diagnosis of Hypertension in Children and Adolescents; Review of the 2017 AAP Blood Pressure Clinical Practice Guideline**
- **Janis M. Dionne**

For children aged 1 to 13 years/aged ≥ 13 years

- **Normal BP:** <90th percentile // <120/ <80 mmHg
- **Elevated BP:** \geq 90th percentile to <95th percentile//120/ <80 to 129/ <80 mmHg
 - or 120/80 mmHg to <95th percentile (whichever is lower)
- **Stage 1 HTN:** : \geq 95th percentile to <95th percentile+12 mmHg//130/80 to 139/89 mmHg
 - Or 130/80 to 139/89 mmHg (whichever is lower)
- **Stage 2 HTN:** \geq 95th percentile +12 mmHg// \geq 140/90 mmHg
 - Or \geq 140/90 mmHg (whichever is lower)

Flynn JT, Kaelber DC, Baker-Smith CM, Blowey D, Carroll AE, Daniels SR, et al., for the Subcommittee on Screening and Management of High Blood Pressure in Children. Clinical practice guideline for screening and management of high blood pressure in children and adolescents. *Pediatrics*. 2017;140(3):e20171904. <https://doi.org/10.1542/peds.2017-1904>.

B Girls

Age (y)	Blood Pressure Percentile	Systolic Blood Pressure (mmHg)								Diastolic Blood Pressure (mmHg)							
		Height Percentile or Measured Height								Height Percentile or Measured Height							
		5%	10%	25%	50%	75%	90%	95%	5%	10%	25%	50%	75%	90%	95%		
1	Height (in)	29.7	30.2	30.9	31.8	32.7	33.4	33.9	29.7	30.2	30.9	31.8	32.7	33.4	33.9		
	Height (cm)	75.4	76.6	78.6	80.8	83	84.9	86.1	75.4	76.6	78.6	80.8	83	84.9	86.1		
	50 th	84	85	86	86	87	88	88	41	42	42	43	44	45	46		
	90 th	98	99	99	100	101	102	102	54	55	56	56	57	58	58		
	95 th + 12 mmHg	101	102	102	103	104	105	105	59	59	60	60	61	62	62		
95 th + 12 mmHg	113	114	114	115	116	117	117	71	71	72	72	73	74	74			
2	Height (in)	33.4	34	34.9	35.9	36.9	37.8	38.4	33.4	34	34.9	35.9	36.9	37.8	38.4		
	Height (cm)	84.9	86.3	88.6	91.1	93.7	96	97.4	84.9	86.3	88.6	91.1	93.7	96	97.4		
	50 th	87	87	88	89	90	91	91	45	46	47	48	49	50	51		
	90 th	101	101	102	103	104	105	106	58	58	59	60	61	62	62		
	95 th	104	105	106	106	107	108	109	62	63	63	64	65	66	66		
95 th + 12 mmHg	116	117	118	118	119	120	121	74	75	75	76	77	78	78			
3	Height (in)	35.8	36.4	37.3	38.4	39.6	40.6	41.2	35.8	36.4	37.3	38.4	39.6	40.6	41.2		
	Height (cm)	91	92.4	94.9	97.6	100.5	103.1	104.6	91	92.4	94.9	97.6	100.5	103.1	104.6		
	50 th	88	89	89	90	91	92	93	48	48	49	50	51	53	53		
	90 th	102	103	104	104	105	106	107	60	61	61	62	63	64	65		
	95 th	106	106	107	108	109	110	110	64	65	65	66	67	68	69		
95 th + 12 mmHg	118	118	119	120	121	122	122	76	77	77	78	79	80	81			
4	Height (in)	38.3	38.9	39.9	41.1	42.4	43.5	44.2	38.3	38.9	39.9	41.1	42.4	43.5	44.2		
	Height (cm)	97.2	98.8	101.4	104.5	107.6	110.5	112.2	97.2	98.8	101.4	104.5	107.6	110.5	112.2		
	50 th	89	90	91	92	93	94	94	50	51	51	53	54	55	55		
	90 th	103	104	105	106	107	108	108	62	63	64	65	66	67	67		
	95 th	107	108	109	109	110	111	112	66	67	68	69	70	70	71		
95 th + 12 mmHg	119	120	121	121	122	123	124	78	79	80	81	82	82	83			
5	Height (in)	40.8	41.5	42.6	43.9	45.2	46.5	47.3	40.8	41.5	42.6	43.9	45.2	46.5	47.3		
	Height (cm)	103.6	105.3	108.2	111.5	114.9	118.1	120	103.6	105.3	108.2	111.5	114.9	118.1	120		
	50 th	90	91	92	93	94	95	96	52	52	53	55	56	57	57		
	90 th	104	105	106	107	108	109	110	64	65	66	67	68	69	70		
	95 th	108	109	109	110	111	112	113	68	69	70	71	72	73	73		
95 th + 12 mmHg	120	121	121	122	123	124	125	80	81	82	83	84	85	85			
6	Height (in)	43.3	44	45.2	46.6	48.1	49.4	50.3	43.3	44	45.2	46.6	48.1	49.4	50.3		
	Height (cm)	110	111.8	114.9	118.4	122.1	125.6	127.7	110	111.8	114.9	118.4	122.1	125.6	127.7		
	50 th	92	92	93	94	96	97	97	54	54	55	56	57	58	59		
	90 th	105	106	107	108	109	110	111	67	67	68	69	70	71	71		
	95 th	109	109	110	111	112	113	114	70	71	72	72	73	74	74		
95 th + 12 mmHg	121	121	122	123	124	125	126	82	83	84	84	85	86	86			
7	Height (in)	45.6	46.4	47.7	49.2	50.7	52.1	53	45.6	46.4	47.7	49.2	50.7	52.1	53		
	Height (cm)	115.9	117.8	121.1	124.9	128.8	132.5	134.7	115.9	117.8	121.1	124.9	128.8	132.5	134.7		
	50 th	92	93	94	95	97	98	99	55	55	56	57	58	59	60		
	90 th	106	106	107	109	110	111	112	68	68	69	70	71	72	72		
	95 th	109	110	111	112	113	114	115	72	72	73	73	74	74	75		
95 th + 12 mmHg	121	122	123	124	125	126	127	84	84	85	85	86	86	87			
8	Height (in)	47.6	48.4	49.8	51.4	53	54.5	55.5	47.6	48.4	49.8	51.4	53	54.5	55.5		
	Height (cm)	121	123	126.5	130.6	134.7	138.5	140.9	121	123	126.5	130.6	134.7	138.5	140.9		
	50 th	93	94	95	97	98	99	100	56	56	57	59	60	61	61		
	90 th	107	107	108	110	111	112	113	69	70	71	72	72	73	73		
	95 th	110	111	112	113	115	116	117	72	73	74	74	75	75	75		
95 th + 12 mmHg	122	123	124	125	127	128	129	84	85	86	86	87	87	87			
9	Height (in)	49.3	50.2	51.7	53.4	55.1	56.7	57.7	49.3	50.2	51.7	53.4	55.1	56.7	57.7		
	Height (cm)	125.3	127.6	131.3	135.6	140.1	144.1	146.6	125.3	127.6	131.3	135.6	140.1	144.1	146.6		
	50 th	95	95	97	98	99	100	101	57	58	59	60	60	61	61		
	90 th	108	108	109	111	112	113	114	71	71	72	73	73	73	73		
	95 th	112	112	113	114	116	117	118	74	74	75	75	75	75	75		
95 th + 12 mmHg	124	124	125	126	128	129	130	86	86	87	87	87	87	87			

Age (y)	Blood Pressure Percentile	Systolic Blood Pressure (mmHg)								Diastolic Blood Pressure (mmHg)							
		Height Percentile or Measured Height								Height Percentile or Measured Height							
		5%	10%	25%	50%	75%	90%	95%	5%	10%	25%	50%	75%	90%	95%		
10	Height (in)	51.1	52	53.7	55.5	57.4	59.1	60.2	51.1	52	53.7	55.5	57.4	59.1	60.2		
	Height (cm)	129.7	132.2	136.3	141	145.8	150.2	152.8	129.7	132.2	136.3	141	145.8	150.2	152.8		
	50 th	96	97	98	99	101	102	103	58	59	59	60	61	61	62		
	90 th	109	110	111	112	113	115	116	72	73	73	73	73	73	73		
	95 th	113	114	114	116	117	119	120	75	75	76	76	76	76	76		
95 th + 12 mmHg	125	126	126	128	129	131	132	87	87	88	88	88	88	88			
11	Height (in)	53.4	54.5	56.2	58.2	60.2	61.9	63	53.4	54.5	56.2	58.2	60.2	61.9	63		
	Height (cm)	135.6	138.3	142.8	147.8	152.8	157.3	160	135.6	138.3	142.8	147.8	152.8	157.3	160		
	50 th	98	99	101	102	104	105	106	60	60	60	61	62	63	64		
	90 th	111	112	113	114	116	118	120	74	74	74	74	74	75	75		
	95 th	115	116	117	118	120	123	124	76	77	77	77	77	77	77		
95 th + 12 mmHg	127	128	129	130	132	135	136	88	89	89	89	89	89	89			
12	Height (in)	56.2	57.3	59	60.9	62.8	64.5	65.5	56.2	57.3	59	60.9	62.8	64.5	65.5		
	Height (cm)	142.8	145.5	149.9	154.8	159.6	163.8	166.4	142.8	145.5	149.9	154.8	159.6	163.8	166.4		
	50 th	102	102	104	105	107	108	108	61	61	61	62	64	65	65		
	90 th	114	115	116	118	120	122	122	75	75	75	75	76	76	76		
	95 th	118	119	120	122	124	125	126	78	78	78	78	79	79	79		
95 th + 12 mmHg	130	131	132	134	136	137	138	90	90	90	90	91	91	91			
13	Height (in)	58.3	59.3	60.9	62.7	64.5	66.1	67	58.3	59.3	60.9	62.7	64.5	66.1	67		
	Height (cm)	148.1	150.6	154.7	159.2	163.7	167.8	170.2	148.1	150.6	154.7	159.2	163.7	167.8	170.2		
	50 th	104	105	106	107	108	108	109	62	62	63	64	65	65	66		
	90 th	116	117	119	121	122	123	123	75	75	75	76	76	76	76		
	95 th	121	122	123	124	126	126	127	79	79	79	79	80	80	81		
95 th + 12 mmHg	133	134	135	136	138	138	139	91	91	91	91	92	92	93			
14	Height (in)	59.3	60.2	61.8	63.5	65.2	66.8	67.7	59.3	60.2	61.8	63.5	65.2	66.8	67.7		
	Height (cm)	150.6	153	156.9	161.3	165.7	169.7	172.1	150.6	153	156.9	161.3	165.7	169.7	172.1		
	50 th	105	106	107	108	109	109	109	63	63	64	65	66	66	66		
	90 th	118	118	120	122	123	123	123	76	76	76	76	77	77	77		
	95 th	123	123	124	125	126	127	127	80	80	80	80	81	81	82		
95 th + 12 mmHg	135	135	136	137	138	139	139	92	92	92	92	93	93	94			
15	Height (in)	59.7	60.6	62.2	63.9	65.6	67.2	68.1	59.7	60.6	62.2	63.9	65.6	67.2	68.1		
	Height (cm)	151.7	154	157.9	162.3	166.7	170.6	173	151.7	154	157.9	162.3	166.7	170.6	173		
	50 th	105	106	107	108	109	109	109	64	64	64	65	66	67	67		
	90 th	118	119	121	122	123	123	124	76	76	76	77	77	78	78		
	95 th	124	124	125	126	127	127	128	80	80	80	81	82	82	82		
95 th + 12 mmHg	136	136	137	138	139	139	140	92	92	92	92	93					

A Boys

Age (y)	Blood Pressure Percentile	Systolic Blood Pressure (mmHg)							Diastolic Blood Pressure (mmHg)						
		Height Percentile or Measured Height							Height Percentile or Measured Height						
		5%	10%	25%	50%	75%	90%	95%	5%	10%	25%	50%	75%	90%	95%
1	Height (in)	30.4	30.8	31.6	32.4	33.3	34.1	34.6	30.4	30.8	31.6	32.4	33.3	34.1	34.6
	Height (cm)	77.2	78.3	80.2	82.4	84.6	86.7	87.9	77.2	78.3	80.2	82.4	84.6	86.7	87.9
	50 th	85	85	86	86	87	88	88	40	40	40	41	41	42	42
	90 th	98	99	99	100	100	101	101	52	52	53	53	54	54	54
	95 th + 12 mmHg	102	102	103	103	104	105	105	54	54	55	55	56	57	57
2	Height (in)	33.9	34.4	35.3	36.3	37.3	38.2	38.8	33.9	34.4	35.3	36.3	37.3	38.2	38.8
	Height (cm)	86.1	87.4	89.6	92.1	94.7	97.1	98.5	86.1	87.4	89.6	92.1	94.7	97.1	98.5
	50 th	87	87	88	88	89	90	91	43	43	44	44	45	46	46
	90 th	100	100	101	102	103	103	104	55	55	56	56	57	58	58
	95 th + 12 mmHg	104	105	105	106	107	107	108	57	58	58	59	60	61	61
3	Height (in)	36.4	37	37.9	39	40.1	41.1	41.7	36.4	37	37.9	39	40.1	41.1	41.7
	Height (cm)	92.5	93.9	96.3	99	101.8	104.3	105.8	92.5	93.9	96.3	99	101.8	104.3	105.8
	50 th	88	89	89	90	91	92	92	45	46	46	47	48	49	49
	90 th	101	102	102	103	104	105	105	58	58	59	59	60	61	61
	95 th + 12 mmHg	106	106	107	107	108	109	109	60	61	61	62	63	64	64
4	Height (in)	38.8	39.4	40.5	41.7	42.9	43.9	44.5	38.8	39.4	40.5	41.7	42.9	43.9	44.5
	Height (cm)	98.5	100.2	102.9	105.9	108.9	111.5	113.2	98.5	100.2	102.9	105.9	108.9	111.5	113.2
	50 th	90	90	91	92	93	94	94	48	49	49	50	51	52	52
	90 th	102	103	104	105	105	106	107	60	61	62	62	63	64	64
	95 th + 12 mmHg	107	107	108	108	109	110	110	63	64	65	66	67	67	68
5	Height (in)	41.1	41.8	43.0	44.3	45.5	46.7	47.4	41.1	41.8	43.0	44.3	45.5	46.7	47.4
	Height (cm)	104.4	106.2	109.1	112.4	115.7	118.6	120.3	104.4	106.2	109.1	112.4	115.7	118.6	120.3
	50 th	91	92	93	94	95	96	96	51	51	52	53	54	55	55
	90 th	103	104	105	106	107	108	108	63	64	65	65	66	67	67
	95 th + 12 mmHg	107	108	109	109	110	111	112	66	67	68	69	70	70	71
6	Height (in)	43.4	44.2	45.4	46.8	48.2	49.4	50.2	43.4	44.2	45.4	46.8	48.2	49.4	50.2
	Height (cm)	110.3	112.2	115.3	118.9	122.4	125.6	127.5	110.3	112.2	115.3	118.9	122.4	125.6	127.5
	50 th	93	93	94	95	96	97	98	54	54	55	56	57	57	58
	90 th	105	105	106	107	109	110	110	66	66	67	68	68	69	69
	95 th + 12 mmHg	108	109	110	111	112	113	114	69	70	70	71	72	72	73
7	Height (in)	45.7	46.5	47.8	49.3	50.8	52.1	52.9	45.7	46.5	47.8	49.3	50.8	52.1	52.9
	Height (cm)	116.1	118	121.4	125.1	128.9	132.4	134.5	116.1	118	121.4	125.1	128.9	132.4	134.5
	50 th	94	94	95	97	98	98	99	56	56	57	58	58	59	59
	90 th	106	107	108	109	110	111	111	68	68	69	70	70	71	71
	95 th + 12 mmHg	110	110	111	112	114	115	116	71	71	72	73	73	74	74
8	Height (in)	47.8	48.6	50	51.6	53.2	54.6	55.5	47.8	48.6	50	51.6	53.2	54.6	55.5
	Height (cm)	121.4	123.5	127	131	135.1	138.8	141	121.4	123.5	127	131	135.1	138.8	141
	50 th	95	96	97	98	99	99	100	57	57	58	59	59	60	60
	90 th	107	108	109	110	111	112	112	69	70	70	71	72	72	73
	95 th + 12 mmHg	111	112	112	114	115	116	117	72	73	73	74	75	75	75
9	Height (in)	49.6	50.5	52	53.7	55.4	56.9	57.9	49.6	50.5	52	53.7	55.4	56.9	57.9
	Height (cm)	126	128.3	132.1	136.3	140.7	144.7	147.1	126	128.3	132.1	136.3	140.7	144.7	147.1
	50 th	96	97	98	99	100	101	101	57	58	59	60	61	62	62
	90 th	107	108	109	110	112	113	114	70	71	72	73	74	74	74
	95 th + 12 mmHg	112	112	113	115	116	118	119	74	74	75	76	76	77	77

Age (y)	Blood Pressure Percentile	Systolic Blood Pressure (mmHg)							Diastolic Blood Pressure (mmHg)						
		Height Percentile or Measured Height							Height Percentile or Measured Height						
		5%	10%	25%	50%	75%	90%	95%	5%	10%	25%	50%	75%	90%	95%
10	Height (in)	51.3	52.2	53.8	55.6	57.4	59.1	60.1	51.3	52.2	53.8	55.6	57.4	59.1	60.1
	Height (cm)	130.2	132.7	136.7	141.3	145.9	150.1	152.7	130.2	132.7	136.7	141.3	145.9	150.1	152.7
	50 th	97	98	99	100	101	102	103	59	60	61	62	63	63	64
	90 th	108	109	111	112	113	115	116	72	73	74	74	75	75	76
	95 th + 12 mmHg	112	113	114	116	118	120	121	76	76	77	77	78	78	78
11	Height (in)	53	54	55.7	57.6	59.6	61.3	62.4	53	54	55.7	57.6	59.6	61.3	62.4
	Height (cm)	134.7	137.3	141.5	146.4	151.3	155.8	158.6	134.7	137.3	141.5	146.4	151.3	155.8	158.6
	50 th	99	99	101	102	103	104	106	61	61	62	63	63	63	63
	90 th	110	111	112	114	116	117	118	74	74	75	75	75	76	76
	95 th + 12 mmHg	114	114	116	118	120	123	124	77	78	78	78	78	78	78
12	Height (in)	55.2	56.3	58.1	60.1	62.2	64	65.2	55.2	56.3	58.1	60.1	62.2	64	65.2
	Height (cm)	140.3	143	147.5	152.7	157.9	162.6	165.5	140.3	143	147.5	152.7	157.9	162.6	165.5
	50 th	101	101	102	104	106	108	109	61	62	62	62	62	63	63
	90 th	113	114	115	117	119	121	122	75	75	75	75	76	76	76
	95 th + 12 mmHg	116	117	118	121	124	126	128	78	78	78	78	78	79	79
13	Height (in)	57.9	59.1	61	63.1	65.2	67.1	68.3	57.9	59.1	61	63.1	65.2	67.1	68.3
	Height (cm)	147	150	154.9	160.3	165.7	170.5	173.4	147	150	154.9	160.3	165.7	170.5	173.4
	50 th	103	104	105	108	110	111	112	61	60	61	62	63	64	65
	90 th	115	116	118	121	124	126	126	74	74	74	75	76	77	77
	95 th + 12 mmHg	119	120	122	125	128	130	131	78	78	78	78	80	81	81
14	Height (in)	60.6	61.8	63.8	65.9	68.0	69.8	70.9	60.6	61.8	63.8	65.9	68.0	69.8	70.9
	Height (cm)	153.8	156.9	162	167.5	172.7	177.4	180.1	153.8	156.9	162	167.5	172.7	177.4	180.1
	50 th	105	106	109	111	112	113	113	60	60	62	64	65	66	67
	90 th	119	120	123	126	127	128	129	74	74	75	77	78	79	80
	95 th + 12 mmHg	123	125	127	130	132	133	134	77	78	79	81	82	83	84
15	Height (in)	62.6	63.8	65.7	67.8	69.8	71.5	72.5	62.6	63.8	65.7	67.8	69.8	71.5	72.5
	Height (cm)	159	162	166.9	172.2	177.2	181.6	184.2	159	162	166.9	172.2	177.2	181.6	184.2
	50 th	108	110	112	113	114	114	114	61	62	64	65	66	67	68
	90 th	123	124	126	128	129	130	130	75	76	78	79	80	81	81
	95 th + 12 mmHg	127	129	131	132	134	135	135	78	79	81	83	84	85	85
16	Height (in)	63.8	64.9	66.8	68.8	70.7	72.4	73.4	63.8	64.9	66.8	68.8	70.7	72.4	73.4
	Height (cm)	162.1	165	169.6	174.6	179.5	183.8	186.4	162.1	165	169.6	174.6	179.5	183.8	186.4
	50 th	111	112	114	115	115	116	116	63	64	66	67	68	69	69
	90 th	126	127	128	129	131	131	132	77	78	79	80	81	82	82
	95 th + 12 mmHg	130	131	133	134	135	136	137	80	81	83	84	85	86	86
17	Height (in)	64.5	65.5	67.3	69.2	71.1	72.8	73.8	64.5	65.5	67.3	69.2	71.1	72.8	73.8
	Height (cm)	163.8	166.5	170.9	175.8	180.7	184.9	187.5	163.8	166.5	170.9	175.8	180.7	184.9	187.5
	50 th	114	115	116	117	117	118	118	65	66	67	68	69	70	70
	90 th	128	129	130	131	132	133	134	78	79	80	81	82	82	83
	95 th + 12 mmHg	132	133	134	135	137	138	138	81	82	84	85	86	86	87

Blood pressure

- Immediately after birth – high blood pressure:
 - Stress after delivery, increase concentration of catecholamine and cortisol
- After 1st day 70/50 mmHg:
 - Open of pulmonary and intestine circulation
- During pubertas:
 - Development of regulatory mechanism
 - Stimulation of external world

- Newborn **80/46 mmHg** 10.6/6.1 kPa
- 3 years **100/67** 13.3/8.9
- 10-11 years **111/58** 14.8/7.7
- 13-14 years **118/60** 15.7/8.0

Blood pressure measurement in newborn and children

- Korotkoff method – for children over 1 year – use a correct size of cuff
- In the newborns, auscultation phenomena are poorly audible - there may be an underestimation of SBP
- better use the ultrasound method of the blood flow detector

The size of cuff

<u>Body weight</u>	<u>age</u>	<u>size of cuff</u>
1 500 g	newborn	2.5 cm
5 kg	3 month	4.5 cm
10 kg	15 month	6 cm
30 kg	9 year	7.5 cm
more than 30 kg	10 and more years	12 cm

Specific features measurement

Pregnant women

- Physiological profile of pregnancy - decrease of BP with increase in cardiac output and large decrease of peripheral resistance = special hyperkinetic conditions - Korotkoff phenomena we auscultated even after deflation of the cuff - diastolic BP we estimated in IV phase of Korotkoff phenomena

Elderly people with atherosclerosis - poor compressibility of the artery wall by a compression cuff - we need to inflate more - so we measure falsely higher SBP values - **pseudohypertension**

Obese persons – using the right size of the cuff !!!!! using a standard cuff – overstocking of SBP

Dynamic physical exercise - auscultation method may underestimate SBP by 15 mmHg, during recovery phase - overstatement of up to 30mmHg SBP; DBP less frequently but falsely low - better use for DBP measurement reading from phase IV of Korotkoff sounds

Actual blood pressure values are dependent on:

- factors that are conditioned by the organism
- on the measurement method
- in which conditions the measurements are performed (methodology)
- even on accuracy and reliability of instruments (technical page - necessary tests and calibration of pressure device / 1 year)
- THIS MUST BE ALLOWED TO CONSIDER AT THE MEASUREMENT IN CLINICAL PRACTICE

THANK YOU FOR YOUR ATTENTION

