Hypertension Phenotype and 24-hour Ambulatory Hemodynamic Monitoring

(Examples provided by Professor Antonio Delgado-Almeida, MD, FAHA, Head, Clinical Research Unit & Ion Transport Laboratory, University of Carabobo Medical School Hypertension Research Unit, Valencia, Venezuela)*

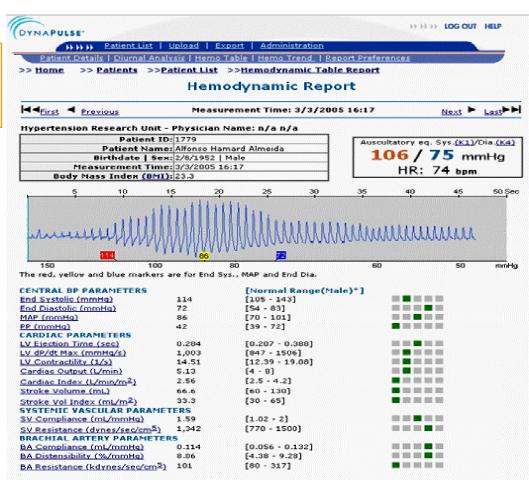


Normal BP & Normal Hemodynamics

Normotensive 53 y old subject with normal Cardiovascular Hemodynamic and Supra-Systolic Waveform analysis in resting study (DP200M)

Fig. 1



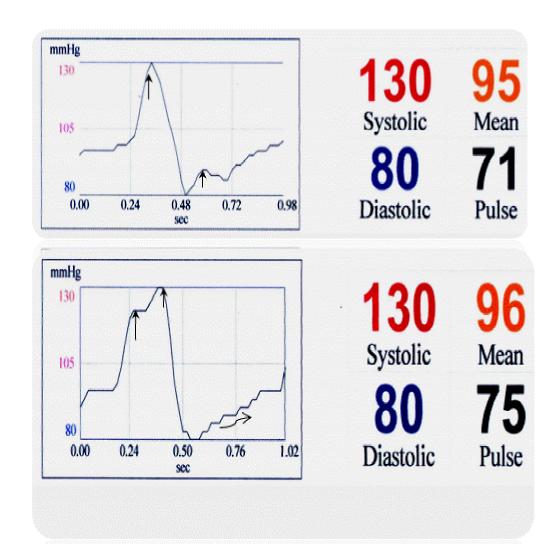


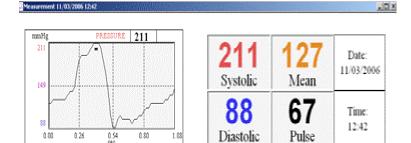
Hypertension Phenotype

Non-Invasive suprasystolic aortic waveform in young (26 y) healthy females, with (top) and without (bottom) family history of hypertension. Large arrows identify peak LV dP/dT, pressure-time ejection; small ones, peak pressure of reflected waves

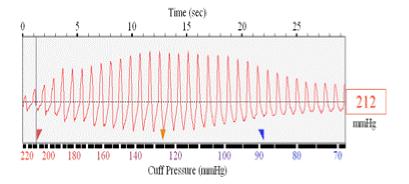
Top: normal LV dP/dT, transit time (248 ms) and pressure of reflected wave filling the coronary arteries in diastole. Bottom: restricted LV dP/dT and ejection period by rapid transit time (122 ms) that lessened diastolic pressures required for optimal coronary flows

Fig. 2





Pulse



Supra-Systolic Analysis: Aortic reflection wave* type IV in Systolic Hypertension resting study (DP200M)

Fig. 3a

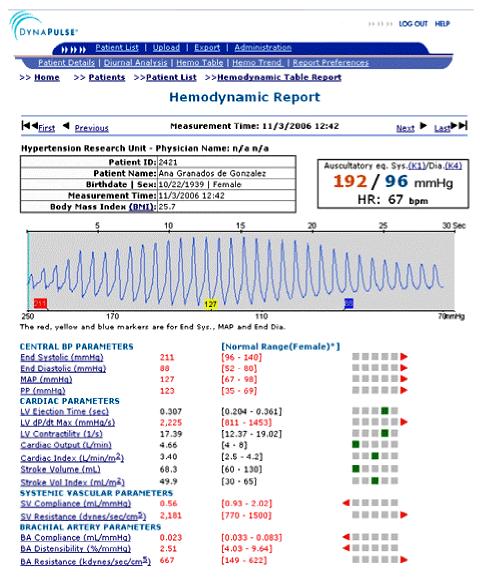


0.00

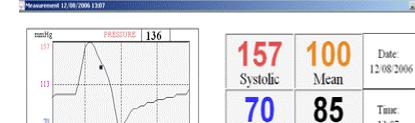
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0.54

0.30

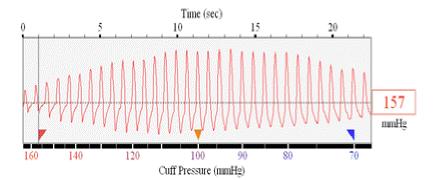


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13:07

Pulse



Diastolic

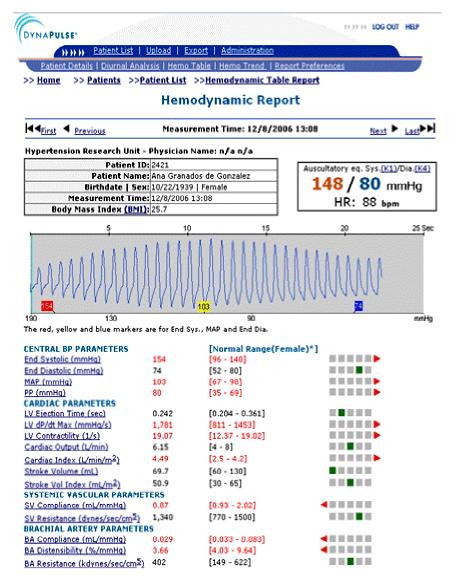
Supra-Systolic Analysis: Aortic reflection wave* type II in Systolic Hypertension resting study: Improved BP/hemodynamic in 1 month therapy (DP200M)

Fig. 3b



0.00

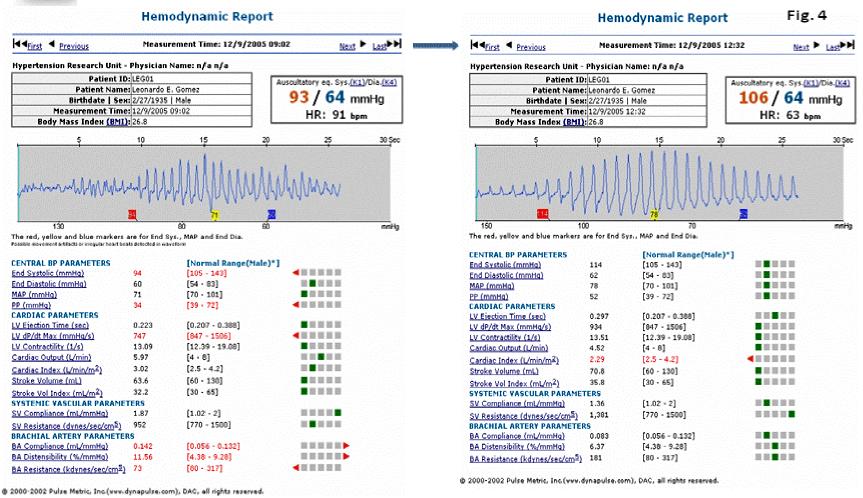
0.42



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24-hour Ambulatory Hemodynamics (DP5000A) in heart failure: Hemodynamic deterioration during arrhythmia episodes (9:02 am), improved in sinus rhythm (12:32 pm)



^{*} Above data were presented at the 4th Venezuela and 2nd Latin-American Heart Failure Congress held at Valencia, Venezuela, March 4-6, 2010