



Guided Care

Ann Fam Med 2011;9:iii. doi:10.1370/afm.1246.

The *Annals of Family Medicine* encourages readers to develop a learning community of those seeking to improve health care and health through enhanced primary care. You can participate by conducting a RADICAL journal club and sharing the results of your discussions in the *Annals* online discussion for the featured articles. RADICAL is an acronym for Read, Ask, Discuss, Inquire, Collaborate, Act, and Learn. The word *radical* also indicates the need to engage diverse participants in thinking critically about important issues affecting primary care and then acting on those discussions.¹

HOW IT WORKS

In each issue, the *Annals* selects an article or articles and provides discussion tips and questions. We encourage you to take a RADICAL approach to these materials, and to post a summary of your conversation in our online discussion. (Open the article online and click on "TRACK Comments: Submit a response.") You can find discussion questions and more information online at: <http://www.AnnFamMed.org/AJC/>.

CURRENT SELECTION

Article for Discussion

van der Wel MC, Buunk IE, van Weel C, Thien TABM, Bakx JC. A novel approach to office blood pressure measurement: 30-minute office blood pressure vs daytime ambulatory blood pressure. *Ann Fam Med*. 2011; 9(2):128-135.

Discussion Tips

Sometimes, for patients for whom regular, in-office, blood pressure readings seem unreliable, we resort to 24 hours of ambulatory blood pressure measurement. This study examines a novel use of this ambulatory blood pressure measurement technology, comparing full daytime ambulatory monitoring with 30 minutes of in-office blood pressure monitoring.

Discussion Questions

- What question(s) are addressed by this article?
- How does this study advance beyond previous research and clinical practice on this topic?
- How strong is the study design for answering the question?
- To what degree can the findings be accounted for by:
 1. How patients were selected, excluded, or lost to follow-up?
 2. How the main variables were measured?
 3. Confounding (false attribution of causality because 2 variables discovered to be associated actually are associated with a 3rd factor)?
 4. Chance?
- What are the main study findings?
- Do any of the data help you to better understand the phenomenon of white-coat hypertension?
- How comparable is the study sample to similar patients in your practice? What is your judgment about the transportability of the findings?
- How might this study change your practice?
- For which patients might you use regular in-office blood pressure measurement? 30-minute measurement? 24-hour or daytime ambulatory monitoring?
- How might this new method be incorporated into your practice? Are any of the differences in how you might implement this technology and how it was tested in this study problematic?
- What important researchable questions remain?

References

1. Stange KC, Miller WL, McLellan LA, et al. *Annals Journal Club: It's time to get RADICAL. Ann Fam Med*. 2006;4(3):196-197. <http://annfammed.org/cgi/content/full/4/3/196>.

