# 

Date:

Dear (Participant) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:

Thank you for your participation in the MESA*-Sleep* Study. Your contribution to this study will help researchers collect information to better understand the relationship between sleep disturbances and risk of heart disease and other health conditions.

As part of your participation in this study, you wore a blood pressure monitor thatmeasured your blood pressure multiple times during the day and night as part of a research study. Because blood pressure may vary a lot during the day and night, this approach may provide more information about your typical blood pressure than the blood pressure measured in the clinic. The “top” blood pressure number is known as your “systolic” blood pressure. The “bottom” number is known as your “diastolic” blood pressure. Generally, a systolic blood pressure above 130 or diastolic blood pressure above 80 indicates that your blood pressure is elevated and requires follow‐up within two months.

The following shows your average systolic and diastolic blood pressure over the entire day and night period when you wore the monitor (24 hour average). 24-hour average systolic blood pressure levels of **greater than 180** or diastolic blood pressure levels of **greater than 110** indicate that your 24-hour average blood pressure may not be well controlled.

Your 24-hour average Systolic Blood Pressure was: \_\_\_\_mmHg

Your 24-hour average Diastolic Blood Pressure was: \_\_\_mmHG

The following shows the average daytime and nighttime blood pressure readings. Generally, blood pressure is about 10 units (mmHg) lower at night for both systolic and diastolic blood pressure.

Average daytime Systolic Blood Pressure:  \_\_\_mmHg

Average nighttime Systolic Blood Pressure:  \_\_\_mmHg

Average daytime Diastolic Blood Pressure:  \_\_\_mmHg

Average nighttime Diastolic Blood Pressure:  \_\_\_mmHg

With your permission, a copy of these results will be sent to your doctor. We urge you to discuss this with your regular health care provider as soon as possible, who can help you decide if further evaluation and treatment is needed.

If you have any questions, please call \_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_.

# Text Description automatically generated with low confidence Date:

Dear Doctor \_\_\_\_\_\_\_\_\_:

# Re:

Your patient, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, is a participant in the research study,”Multi-Ethnic Study of Atherosclerosis (MESA) *Sleep* Study.” This study is being conducted at the University of X by Dr. X of the Department of X. MESA *Sleep* collects information that will help researchers understand the relationship between sleep disturbances and cardiovascular disease and other health conditions.

As part of the Sleep Study, your patient underwent **24-hour Ambulatory Blood Pressure Monitoring (ABPM) using a Spacelabs blood pressure monitor**. Your patient asked that we forward a copy of their ABPM results for your review.

Your patient underwent 24-hour ABPM which included the monitoring of blood pressure every 30 minutes during the day and every 30 minutes overnight*.* We identified a marked elevation in 24 h average blood pressure (>= 180/110 mmHg):

24 hr average Systolic Blood Pressure: \_\_ mmHg

24 hr average Diastolic Blood Pressure:\_\_\_mmHg

In addition, the values for day and night time average values are shown:

Average daytime Systolic BP: \_\_\_mmHg

Average nighttime Systolic BP: \_\_\_mmHg

Average daytime Diastolic BP: \_\_\_mmHg

Average nighttime Diastolic BP: \_\_\_mmHg

We have notified your patient of their need to discuss these results with you. This test was performed for research purposes only and should be interpreted in the context of your patient’s clinical condition.

A copy of the letter sent to your patient and a copy of the 24 hour ABPM report are attached.

Please call X, at X, if you have questions about this study or want to discuss the results.