TENTATIVE DEFINITION OF DIPPING PHENOMENON.
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The 24 h monitoring of B.P. is generally characterised by a nocturnal fall of B.P. The significance of the so called « DIPPING » is not yet well understood, but could be related when absent to some pathologies and to increased cardiovascular risk. The aim of the present study is to analyse: the prevalence of dippers and non-dippers (nocturnal fall < 10% of daytime B.P.); the implication of using standard definitions of day and night (0700h.-2200h.) compared to real behaviour of patients (diary); the differences of dipping between sex and its relation with age; and the differences between systolic and diastolic dipping.

Office B.P. and A.M.B.P. (Spacelabs 90207) have been performed in 68 unselected patients (42 men and 26 women). Theoretical or real dipping was calculated as (Day time B.P. - Night time B.P.) / Day time B.P. and expressed in percent.

Results: Prevalence of systolic and diastolic dippers is respectively 84% for theoretical values and 78% for real values. There are more dippers in women that in men (88.5% against 80.5%) for theoretical dipping and (88.5% against 70.8%) for real one. The importance of the diastolic dipping is higher than the systolic (SBP: 11% ± 6% and DBP 16% ± 7%) for theoretical values and (SBP: 11% ± 7.7% and DBP 17% ± 9%) for real ones (p<0.05). Systolic and diastolic dipping are significatively higher in women than in men as well for theoretical as for real values: (SBP: 10.4% ± 1% for men and 12.2% ± 1.3% for women) and (DBP: 13.6% ± 0.9% for men and 18.7% ± 1.6% for women). There is no relation between age and dipping.

Conclusions: We observed a highly significant relation (p<0.0001) between theoretical and real systolic and diastolic values for dipping. This study suggest the distinction between both systolic and diastolic dipping might be important for an accurate definition of this phenomenon. The relative importance of dipping in women compared to men is perhaps of clinical importance.