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# Predicting Out-Of-Office Blood Pressure (Proof-BP) in the clinic for the diagnosis of hypertension in primary care 

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## ONLINE SUPPLEMENT

## PREDICTING OUT-OF-OFFICE BLOOD PRESSURE (PROOF-BP) IN THE CLINIC FOR THE DIAGNOSIS OF HYPERTENSION IN PRIMARY CARE: AN ECONOMIC EVALUATION

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## Extended methods on costs

Depreciation of equipment costs was addressed by assuming a five year lifetime with no salvage value, and the standard $3.5 \%$ annual discount rate. Antihypertensive treatment comprised drug costs and an annual clinical review. Drug therapy costs were calculated using the British National Formulary prices ${ }^{1}$ of the commonest generic drugs in each class (Ramipril, Amlodipine, Indapamide) weighted by the number of antihypertensive drugs individuals were on from the Health Survey for England. ${ }^{2}$

An individual surviving an acute cardiovascular event entailed permanent quality of life reduction, increased costs and higher mortality risk with respect to the cardiovascular event experienced. The acute cost of a myocardial infarction (MI) is taken from a modelling study by Palmer and colleagues. Post MI costs were based on an updated cost taken from Taylor and colleagues. ${ }^{3}$ The cost of an unstable angina event and costs post event were assumed to be $60 \%$ of the costs of MI. The cost of a stable angina event was assumed to consist of an outpatient cardiology assessment plus non-invasive imaging as a typical package of care. ${ }^{4}$ Post stable angina costs comprised drugs based on relevant NICE guidance. ${ }^{1,5,6}$

The cost of a Transient Ischaemic Attack (TIA) event is taken from a Lipids Health Technology Assessment report and consisted of tests and procedures from patients being assessed in outpatient clinics. ${ }^{7}$ Drug costs were included in the acute event based on recommended treatments based on NICE guidelines. ${ }^{1,6,8}$ Post-TIA only the cost of drugs was applied. The initial cost of stroke and post-event costs applied in the model was based on a UK study that looked at the cost of stroke over five years. ${ }^{9}$

The costs and consequences of individuals with an earlier diagnosis and treatment in the HBPM, ABPM and PROOF-BP compared to CBPM were taken into account.

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Table S1. Factors included the PROOF-BP diagnostic algorithm

| Factors | Definition | Algorithm |  |
| :---: | :---: | :---: | :---: |
|  |  | Out-ofoffice sBP | Out-ofoffice dBP |
| Age | Years since birth | $\checkmark$ | $\checkmark$ |
| Sex | Male or female | $\checkmark$ | $\checkmark$ |
| Clinic sBP | $1^{\text {st }}$ clinic reading | $\checkmark$ | $\checkmark$ |
| sBP change | Difference between the $1^{\text {st }}$ and third consecutive clinic readings | $\checkmark$ | $\checkmark$ |
| Pulse pressure | Difference between systolic and diastolic pressure ( $1^{\text {st }}$ clinic reading) | $\checkmark$ | $\checkmark$ |
| BMI | Weight divided by height (squared) | $\checkmark$ | $\checkmark$ |
| Diagnosis of hypertension | Previously recorded as hypertensive | $\checkmark$ | $\checkmark$ |
| Duration of hypertension | Time since first diagnosis in years | $\checkmark$ |  |
| Antihypertensive prescription | Any currently prescribed antihypertensive medication | $\checkmark$ | $\checkmark$ |
| History of Cardiovascular disease | Cerebrovascular disease, MI, coronary heart disease, peripheral vascular disease or heart failure |  | $\checkmark$ |
| sBP= systolic Blood Pressure. $\mathrm{dBP}=$ diastolic Blood Pressure. $\mathrm{BMI}=$ Body MI=Myocardial Infarction. <br> The full algorithm is available online as an interactive calculator here: https://sentry.phc.ox.ac.uk/proof-bp |  | Mass Index |  |


| Table S2 PROOF-BP risk algorithm test characteristics |  |  |  |
| :---: | :---: | :---: | :---: |
| Test Characteristics | Adjusted clinic BP <br> $<130 / 80 \mathrm{~mm} \mathrm{Hg}$ | Adjusted clinic BP between $130 / 80 \mathrm{~mm} \mathrm{Hg} \& 144 / 89 \mathrm{~mm} \mathrm{Hg}$ | Adjusted clinic BP <br> $\geq 145 / 90 \mathrm{~mm} \mathrm{Hg}$ |
| Screening Clinic BP $\geq 140 / 90 \mathrm{~mm} \mathrm{Hg}$ |  |  |  |
| False Negative (masked hypertension) | 0 | 0 | 0 |
| False Positive (white coat hypertension) | 0 | 0 | 40 |
| True Negative (normotension) | 0 | 76 | 0 |
| True Positive (sustained hypertension) | 0 | 209 | 304 |
| Screening Clinic BP between $130 / 80 \mathrm{~mm} \mathrm{Hg} \& 140 / 90 \mathrm{~mm}$ Hg |  |  |  |
| False Negative (masked hypertension) | 5 | 0 | 0 |
| False Positive (white coat hypertension) | 0 | 0 | 5 |
| True Negative (normotension) | 17 | 108 | 0 |
| True Positive (sustained hypertension) | 0 | 165 | 13 |
| Screening Clinic BP between $120 / 70 \mathrm{~mm} \mathrm{Hg} \& 140 / 90 \mathrm{~mm}$ Hg |  |  |  |
| False Negative (masked hypertension) | 24 | 0 | 0 |
| False Positive (white coat hypertension) | 0 | 0 | 5 |
| True Negative (normotension) | 42 | 158 | 0 |
| True Positive (sustained hypertension) | 0 | 191 | 13 |

Table S3. Cohort split of 1000 patients with a clinic BP $\geq 130 / 80 \mathrm{~mm} \mathrm{Hg}$

| Patients screening clinic BP by age and gender |  |  |  | PROOF-BP risk algorithm |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Age | Sex | $\begin{gathered} \hline \text { Clinic BP } \\ \geq 140 / 90 \\ \mathrm{~mm} \mathrm{Hg} \end{gathered}$ | Clinic BP between $130 / 80 \mathrm{~mm} \mathrm{Hg} \& 140 / 90$ mm Hg | Ignored (adjusted clinic $\begin{gathered} \mathrm{BP}<130 / 80 \\ \mathrm{~mm} \mathrm{Hg}) \end{gathered}$ | Put on ABPM (adjusted clinic BP between 130/80 mm Hg \& $144 / 89 \mathrm{~mm} \mathrm{Hg}$ ) | Offered <br> Treatment (adjusted clinic $B P \geq 145 / 90 \mathrm{~mm}$ Hg ) |
| 40 | Male | 586 | 414 | 38 | 695 | 267 |
| 50 | Male | 680 | 320 | 32 | 637 | 331 |
| 60 | Male | 763 | 237 | 24 | 596 | 380 |
| 70 | Male | 849 | 151 | 16 | 564 | 420 |
| 75 | Male | 895 | 105 | 11 | 534 | 455 |
| 40 | Female | 620 | 380 | 44 | 699 | 257 |
| 50 | Female | 659 | 341 | 39 | 669 | 292 |
| 60 | Female | 847 | 153 | 16 | 596 | 388 |
| 70 | Female | 821 | 179 | 19 | 572 | 409 |
| 75 | Female | 943 | 57 | 6 | 528 | 466 |

PROOF-BP=Predicting out-of-office blood pressure; ABPM=Ambulatory BP monitoring

Table S4. Cohort split of 1000 patients with a clinic BP $\geq 120 / 70 \mathrm{~mm} \mathrm{Hg}$

| Patients screening clinic BP by age and gender |  |  |  | PROOF-BP risk algorithm |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Age | Sex | $\begin{gathered} \text { Clinic BP } \\ \geq 140 / 90 \mathrm{~mm} \\ \mathrm{Hg} \end{gathered}$ | Clinic BP between $130 / 80 \mathrm{~mm} \mathrm{Hg} \&$ $140 / 90 \mathrm{~mm} \mathrm{Hg}$ | Ignored (adjusted clinic BP <130/80mm Hg ) | Put on ABPM (adjusted clinic BP between 130/80mm Hg \& $144 / 89 \mathrm{~mm} \mathrm{Hg}$ ) | Offered Treatment (adjusted clinic BP $\geq 145 / 90 \mathrm{~mm} \mathrm{Hg}$ ) |
| 40 | Male | 167 | 833 | 77 | 811 | 112 |
| 50 | Male | 115 | 885 | 93 | 793 | 114 |
| 60 | Male | 281 | 719 | 76 | 744 | 179 |
| 70 | Male | 186 | 814 | 90 | 754 | 156 |
| 75 | Male | 358 | 642 | 69 | 707 | 224 |
| 40 | Female | 267 | 733 | 83 | 788 | 129 |
| 50 | Female | 391 | 609 | 66 | 757 | 177 |
| 60 | Female | 398 | 602 | 59 | 746 | 194 |
| 70 | Female | 449 | 551 | 56 | 706 | 238 |
| 75 | Female | 391 | 609 | 64 | 716 | 220 |
| PROOF-BP=Predicting out-of-office blood pressure; ABPM=Ambulatory BP monitoring |  |  |  |  |  |  |


| Table S5. Cohort split of 1000 patients with a clinic BP $\geq 140 / 90 \mathrm{~mm} \mathrm{Hg}$ |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Patients screening clinic BP by age and gender |  |  |  | PROOF-BP risk algorithm |  |  |
| Age | Sex | $\begin{gathered} \text { Clinic BP } \\ \geq 140 / 90 \mathrm{~mm} \\ \mathrm{Hg} \end{gathered}$ | $\begin{gathered} \text { Clinic BP } \\ <140 / 90 \mathrm{~mm} \\ \mathrm{Hg} \end{gathered}$ | ```Ignored (adjusted clinic BP <130/80mm Hg)``` | Put on ABPM (adjusted clinic BP between $130 / 80 \mathrm{~mm} \mathrm{Hg} \&$ $144 / 89 \mathrm{~mm} \mathrm{Hg}$ ) | Offered Treatment (adjusted clinic BP $\geq 145 / 90 \mathrm{~mm} \mathrm{Hg}$ ) |
| 40 | Male | 1000 | 0 | 0 | 580 | 420 |
| 50 | Male | 1000 | 0 | 0 | 536 | 464 |
| 60 | Male | 1000 | 0 | 0 | 517 | 483 |
| 70 | Male | 1000 | 0 | 0 | 513 | 487 |
| 75 | Male | 1000 | 0 | 0 | 497 | 503 |
| 40 | Female | 1000 | 0 | 0 | 612 | 388 |
| 50 | Female | 1000 | 0 | 0 | 580 | 420 |
| 60 | Female | 1000 | 0 | 0 | 551 | 449 |
| 70 | Female | 1000 | 0 | 0 | 512 | 488 |
| 75 | Female | 1000 | 0 | 0 | 509 | 491 |

PROOF-BP=Predicting out-of-office blood pressure; ABPM=Ambulatory BP monitoring

Table S6: Initial misdiagnosis (including those with Masked Hypertension) per 1000 people with a clinic BP of $130 / 80 \mathrm{~mm} \mathrm{Hg}$ and above

|  | False negatives |  | False positives |  |  | False negatives |  | False positives |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Strategy | $\begin{gathered} \text { Clinic BP between } \\ 130 / 80- \\ 140 / 90 \mathrm{~mm} \mathrm{Hg} \end{gathered}$ | $\begin{gathered} \text { Clinic BP } \\ >140 / 90 \mathrm{~mm} \mathrm{Hg} \end{gathered}$ | $\begin{gathered} \hline \text { Clinic BP between } \\ 130 / 80- \\ 140 / 90 \mathrm{~mm} \mathrm{Hg} \\ \hline \end{gathered}$ | $\begin{gathered} \hline \text { Clinic BP } \\ >140 / 90 \mathrm{~mm} \mathrm{Hg} \end{gathered}$ | Strategy | $\begin{gathered} \hline \text { Clinic BP between } \\ 130 / 80- \\ 140 / 90 \mathrm{~mm} \mathrm{Hg} \\ \hline \end{gathered}$ | $\begin{gathered} \hline \text { Clinic BP } \\ >140 / 90 \mathrm{~mm} \mathrm{Hg} \end{gathered}$ | $\begin{gathered} \hline \text { Clinic BP between } \\ 130 / 80- \\ 140 / 90 \mathrm{~mm} \mathrm{Hg} \end{gathered}$ | $\begin{gathered} \hline \text { Clinic BP } \\ >140 / 90 \mathrm{~mm} \mathrm{Hg} \end{gathered}$ |
| 40 years, Male | years, Female |  |  |  |  |  |  |  |  |
| CBPM | 151 | 26 | 0 | 220 | CBPM | 52 | 15 | 0 | 277 |
| HBPM | 151 | 25 | 0 | 153 | HBPM | 52 | 15 | 0 | 192 |
| ABPM | 151 | 1 | 0 | 11 | ABPM | 52 | 1 | 0 | 14 |
| PROOF-BP | 7 | 1 | 2 | 56 | PROOF-BP | 3 | 0 | 2 | 70 |
| 50 years, Male | 50 years, Female |  |  |  |  |  |  |  |  |
| CBPM | 96 | 47 | 0 | 191 | CBPM | 54 | 29 | 0 | 247 |
| HBPM | 96 | 46 | 0 | 133 | HBPM | 54 | 29 | 0 | 172 |
| ABPM | 96 | 2 | 0 | 10 | ABPM | 54 | 1 | 0 | 12 |
| PROOF-BP | 5 | 1 | 1 | 48 | PROOF-BP | 3 | 1 | 2 | 62 |
| 60 years, Male | 60 years, Female |  |  |  |  |  |  |  |  |
| CBPM | 63 | 61 | 0 | 183 | CBPM | 39 | 51 | 0 | 265 |
| HBPM | 63 | 60 | 0 | 127 | HBPM | 39 | 51 | 0 | 184 |
| ABPM | 63 | 3 | 0 | 9 | ABPM | 39 | 3 | 0 | 13 |
| PROOF-BP | 3 | 1 | 1 | 46 | PROOF-BP | 2 | 1 | 1 | 67 |
| 70 years, Male | 70 years, Female |  |  |  |  |  |  |  |  |
| CBPM | 39 | 69 | 0 | 195 | CBPM | 45 | 68 | 0 | 186 |
| HBPM | 39 | 69 | 0 | 135 | HBPM | 45 | 68 | 0 | 129 |
| ABPM | 39 | 3 | 0 | 10 | ABPM | 45 | 3 | 0 | 9 |
| PROOF-BP | 2 | 1 | 1 | 49 | PROOF-BP | 2 | 1 | 1 | 47 |
| 75 years, Male | 75 years, Female |  |  |  |  |  |  |  |  |
| CBPM | 27 | 81 | 0 | 174 | CBPM | 79 | 14 | 0 | 208 |
| HBPM | 27 | 80 | 0 | 121 | HBPM | 79 | 14 | 0 | 144 |
| ABPM | 27 | 4 | 0 | 9 | ABPM | 4 | 14 | 0 | 10 |
| PROOF-BP | 1 | 2 | 1 | 44 | PROOF-BP | 2 | 1 | 0 | 52 |
| CBPM= Clinic Blood Pressure Monitoring. HBPM= Home Blood Pressure monitoring. ABPM= Ambulatory Blood Pressure Monitoring. PROOF-BP=Predicting out-of-office blood pressure. |  |  |  |  |  |  |  |  |  |





| Strategy | QALYs (95\% CI) | Costs (95\% CI) | ICER | Most CE strategy probability | Strategy | QALYs (95\% CI) | Costs (95\% CI) | ICER | Most CE strategy probability |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 40 years, Male |  |  |  |  | 40 years, Fema |  |  |  |  |
| ABPM | 18.084 (17.843 to 18.316) | £3214 (£3119 to £3312) |  | 0\% | ABPM | 17.986 (17.789 to 18.186) | £1822 (£1742 to £1917) |  | 0\% |
| HBPM | 18.079 (17.839 to 18.312) | £3246 (£3154 to £3342) | Dominated | 0\% | HBPM | 17.984 (17.788 to 18.184) | £1846 (£1765 to £1938) | Dominated | 0\% |
| CBPM | 18.078 (17.836 to 18.311) | £3255 (£3161 to £3349) | Dominated | 0\% | CBPM | 17.983 (17.787 to 18.184) | £1852 (£1773 to £1943) | Dominated | 0\% |
| PROOF-BP | 18.155 (17.925 to 18.381) | £3395 (£3309 to £3488) | £2521 | 100\% | PROOF-BP | 18.016 (17.822 to 18.215) | £2117 (£2031 to £2206) | £9604 | 100\% |
| 50 years, Male |  |  |  |  | 50 years, Fema |  |  |  |  |
| ABPM | 15.568 (15.309 to 15.805) | £3300 (£3179 to £3432) |  | 0\% | ABPM | 15.408 (15.180 to 15.629) | £2106 (£1991 to £2239) |  | 0\% |
| HBPM | 15.564 (15.304 to 15.801) | £3339 (£3224 to £3462) | Dominated | 0\% | HBPM | 15.406 (15.177 to 15.627) | £2135 (£2025 to £2261) | Dominated | 0\% |
| CBPM | 15.562 (15.302 to 15.800) | £3350 (£3235 to £3471) | Dominated | 0\% | CBPM | 15.405 (15.177 to 15.627) | £2143 (£2036 to £2267) | Dominated | 0\% |
| PROOF-BP | 15.632 (15.381 to 15.866) | £3417 (£3311 to £3534) | £1836 | 100\% | PROOF-BP | 15.444 (15.217 to 15.661) | £2308 (£2206 to £2421) | £5553 | 100\% |
| 60 years, Male |  |  |  |  | 60 years, Femal |  |  |  |  |
| ABPM | 12.817 (12.585 to 13.044) | £3046 (£2880 to £3226) |  | 0\% | ABPM | 12.509 (12.295 to 12.735) | £2173 (£1993 to £2366) |  | 0\% |
| HBPM | 12.811 (12.579 to 13.037) | £3085 (£2924 to £3256) | Dominated | 0\% | HBPM | 12.506 (12.291 to 12.733) | £2205 (£2034 to £2394) | Dominated | 0\% |
| CBPM | 12.810 (12.577 to 13.036) | £3097 (£2941 to £3269) | Dominated | 0\% | CBPM | 12.505 (12.290 to 12.731) | £2214 (£2048 to £2397) | Dominated | 0\% |
| PROOF-BP | 12.866 (12.640 to 13.091) | £3128 (£2986 to £3290) | £1669 | 100\% | PROOF-BP | 12.549 (12.339 to 12.773) | £2299 (£2145 to £2472) | £3184 | 100\% |
| 70 years, Male |  |  |  |  | 70 years, Fema |  |  |  |  |
| ABPM | 9.809 (9.580 to 10.005) | £2509 (£2281 to £2748) |  | 0\% | ABPM | 9.352 (9.110 to 9.577) | £1838 (£1608 to £2068) |  | 0\% |
| HBPM | 9.804 (9.573 to 10.000) | £2544 (£2323 to £2773) | Dominated | 0\% | HBPM | 9.349 (9.108 to 9.574) | £1868 (£1644 to £2101) | Dominated | 0\% |
| CBPM | 9.802 (9.571 to 9.999) | £2556 (£2342 to £2785) | Dominated | 0\% | CBPM | 9.348 (9.106 to 9.571) | £1878 (£1655 to £2108) | Dominated | 0\% |
| PROOF-BP | 9.843 (9.614 to 10.039) | £2563 (£2361 to £2776) | £1582 | 100\% | PROOF-BP | 9.374 (9.133 to 9.597) | £1919 (£1711 to £2129) | £3674 | 100\% |
| 75 years, Male |  |  |  |  | 75 years, Fema |  |  |  |  |
| ABPM | 8.229 (7.964 to 8.468) | £2226 (£1989 to £2481) |  | 0\% | ABPM | 7.692 (7.411 to 7.939) | £1579 (£1359 to £1840) |  | 0\% |
| HBPM | 8.225 (7.958 to 8.464) | £2255 (£2028 to £2511) | Dominated | 0\% | HBPM | 7.690 (7.409 to 7.936) | £1602 (£1389 to £1852) | Dominated | 0\% |
| PROOF-BP | 8.253 (7.987 to 8.487) | £2264 (£2048 to £2494) | £1674 | 100\% | CBPM | 7.689 (7.409 to 7.936) | £1611 (£1399 to £1859) | Dominated | 0\% |
| CBPM | 8.223 (7.956 to 8.462) | £2265 (£2037 to £2517) | Dominated | 0\% | PROOF-BP | 7.708 (7.425 to 7.956) | £1653 (£1454 to £1895) | £4737 | 100\% |

CI=Confidence Interval. CBPM= Clinic Blood Pressure Monitoring. HBPM= Home Blood Pressure monitoring. ABPM=Ambulatory Blood Pressure Monitoring. CE= cost-effective at $£ 20,000$ threshold. QALYs= qualityadjusted life years. ICER= Incremental Cost Effectiveness Ratio

| Strategy | QALYs (95\% CI) | Costs (95\% CI) | ICER | Most CE strategy probability | Strategy | QALYs (95\% CI) | Costs (95\% CI) | ICER | Most CE strategy probability |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 40 years, Male |  |  |  |  | 40 years, Fe |  |  |  |  |
| ABPM | 18.146 (17.907 to 18.378) | £3365 (£3226 to £3583) |  | 0\% | ABPM | 18.016 (17.813 to 18.207) | £2140 (£2018 to £2337) |  | 89\% |
| PROOF-BP | 18.148 (17.909 to 18.381) | £3407 ( $£ 3276$ to £3598) | £16551 | 76\% | PROOF-BP | 18.019 (17.815 to 18.209) | £2202 (£2082 to £2372) | £29771 | 11\% |
| HBPM | 18.147 (17.910 to 18.378) | £3563 (£3440 to £3696) | Dominated | 24\% | HBPM | 18.019 (17.816 to 18.210) | £2389 (£2264 to £2521) | Dominated | 0\% |
| CBPM | 18.148 (17.910 to 18.380) | £3613 (£3515 to £3727) | Dominated | 0\% | CBPM | 18.020 (17.817 to 18.210) | £2452 (£2351 to £2567) | Dominated | 0\% |
| 50 years, Male |  |  |  |  | 50 years, Fe |  |  |  |  |
| ABPM | 15.628 (15.381 to 15.861) | £3524 (£3339 to £3750) |  | 7\% | ABPM | 15.435 (15.224 to 15.656) | £2422 (£2254 to £2654) |  | 18\% |
| PROOF-BP | 15.630 (15.383 to 15.863) | £3539 ( $£ 3373$ to $£ 3740$ ) | £8269 | 93\% | PROOF-BP | 15.437 (15.226 to 15.658) | £2449 (£2290 to £2658) | £14314 | 82\% |
| HBPM | 15.623 (15.378 to 15.857) | £3661 ( $£ 3508$ to $£ 3825$ ) | Dominated | 0\% | HBPM | 15.436 (15.224 to 15.654) | £2586 (£2438 to £2756) | Dominated | 0\% |
| CBPM | 15.622 (15.378 to 15.857) | £3696 (£3559 to £3838) | Dominated | 0\% | CBPM | 15.437 (15.224 to 15.658) | £2632 (£2500 to £2785) | Dominated | 0\% |
| 60 years, Male |  |  |  |  | 60 years, Fe |  |  |  |  |
| ABPM | 12.850 (12.640 to 13.079) | £3307 ( $£ 3077$ to £3567) |  | 10\% | ABPM | 12.527 (12.304 to 12.745) | £2425 (£2204 to £2714) |  | 16\% |
| PROOF-BP | 12.852 (12.641 to 13.080) | £3311 (£3110 to £3558) | £3265 | 90\% | PROOF-BP | 12.529 (12.305 to 12.746) | £2435 (£2222 to £2707) | £8265 | 84\% |
| HBPM | 12.841 (12.628 to 13.072) | £3417 ( $£ 3233$ to $£ 3624$ ) | Dominated | 0\% | HBPM | 12.524 (12.304 to 12.739) | £2548 (£2358 to £2788) | Dominated | 0\% |
| CBPM | 12.839 (12.628 to 13.068) | £3448 ( $£ 3279$ to £3650) | Dominated | 0\% | CBPM | 12.524 (12.301 to 12.740) | £2586 (£2414 to £2804) | Dominated | 0\% |
| 70 years, Male |  |  |  |  | 70 years, Fe |  |  |  |  |
| PROOF-BP | 9.820 (9.592 to 10.043) | £2771 (£2530 to £3064) | Dominant | 93\% | PROOF-BP | 9.349 (9.115 to 9.579) | £2117 (£1870 to £2415) | Dominant | 94\% |
| ABPM | 9.819 (9.591 to 10.043) | £2777 ( $£ 2520$ to $£ 3090$ ) | Dominated | 7\% | ABPM | 9.348 (9.114 to 9.578) | £2125 ( $£ 1866$ to £2434) | Dominated | 6\% |
| HBPM | 9.809 (9.580 to 10.033) | £2866 (£2638 to £3134) | Dominated | 0\% | HBPM | 9.341 (9.109 to 9.575) | £2204 (£1977 to £2483) | Dominated | 0\% |
| CBPM | 9.806 (9.577 to 10.027) | £2895 (£2682 to £3154) | Dominated | 0\% | CBPM | 9.340 (9.106 to 9.570) | £2230 ( $£ 2003$ to $£ 2501$ ) | Dominated | 0\% |
| 75 years, Male |  |  |  |  | 75 years, Fe |  |  |  |  |
| PROOF-BP | 8.227 (7.968 to 8.456) | £2498 (£2213 to £2857) | Dominant | 98\% | PROOF-BP | 7.684 (7.424 to 7.931) | £1864 (£1595 to £2206) | Dominant | 98\% |
| ABPM | 8.227 (7.967 to 8.455) | £2513 (£2224 to £2884) | Dominated | 2\% | ABPM | 7.684 (7.424 to 7.930) | £1877 ( $£ 1601$ to £2230) | Dominated | 2\% |
| HBPM | 8.217 (7.955 to 8.446) | £2577 ( $£ 2301$ to £2921) | Dominated | 0\% | HBPM | 7.679 (7.418 to 7.926) | £1939 ( $£ 1685$ to £2272) | Dominated | 0\% |
| CBPM | 8.214 (7.955 to 8.442) | £2599 (£2333 to £2945) | Dominated | 0\% | CBPM | 7.678 (7.418 to 7.925) | £1961 (£1709 to £2280) | Dominated | 0\% |

CI=Confidence Interval. CBPM= Clinic Blood Pressure Monitoring. $\mathrm{HBPM}=$ Home Blood Pressure monitoring. $\mathrm{ABPM}=$ Ambulatory Blood Pressure Monitoring. $\mathrm{CE}=$ cost-effective at $£ 20,000$ threshold. QALYs= qualityadjusted life years. ICER= Incremental Cost Effectiveness Ratio.

