

The aim of the study was to determine the clinical significance of 24-hour ambulatory blood pressure monitoring (ABPM) in patients with ankylosing spondylitis (AS).

Methods. A cross-sectional, single-center study included 47 men with a confirmed diagnosis of AS, aged 18 to 60 years (mean age 42.51 ± 6.04 years), with a mean disease duration of 17.26 ± 9.03 years. All patients were divided into two groups depending on the presence of hypertension based on office blood pressure (BP) measurement. AS activity was assessed using BASDAI and ASDAS–CRP indices. ABPM was performed in all patients.

Results. Low AS activity was observed in 2 (4.3%) patients, moderate in 20 (42.6%), and high in 25 (53.2%). A normal circadian BP profile (“dipper” type) was found in 16 (34%) patients, while impaired circadian BP regulation was observed in 31 (66%). No significant differences were identified between the two groups regarding the prevalence of abnormal BP profiles ($p = 0.547$). The duration of AS was significantly longer in patients with arterial hypertension (AH) (both previously diagnosed and newly detected by ABPM) compared with those without AH according to ABPM data ($p = 0.035$). Masked AH, as revealed by ABPM, was found in 10 (43.5%) patients from the second group; among them, 5 (50%) also had an impaired circadian BP profile.

Conclusion. Arterial hypertension in patients with spondyloarthritis may remain subclinical. Nearly half of the patients who denied having AH were found to have masked hypertension, and half of them exhibited abnormal circadian BP profiles. These findings underscore the necessity of ABPM for the early detection of hypertension in patients with AS.