SteadyStat Clinical Quick Reference Guide

Audience: U.S.-based clinicians (Primary Care, Cardiology, Hypertension Specialists)

Purpose: This guide provides a concise, practical framework for interpreting SteadyStat reports in a clinical workflow. It is designed to help clinicians quickly extract actionable insights from patient-generated home blood pressure and medication adherence data.

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1. Introduction: What is SteadyStat?

SteadyStat is a patient-facing mobile app that generates structured, clinician-ready reports to support hypertension follow-up and treatment decisions. It is a clinical decision-support tool, not a diagnostic device. Patients record home blood pressure readings and log medication use, and SteadyStat organizes this information into a standardized summary designed for rapid clinical review.

Key Benefits for Clinicians:

- **Efficiency:** Replaces disorganized paper logs with a structured, one-page summary aligned with clinical terminology.
- **Insight:** Highlights patterns that single office readings may miss, including **morning surges**, **trough-to-peak differences**, and **blood pressure variability**.
- **Confidence:** Provides objective, contextualized data that can help distinguish between adherence-related patterns and potential pharmacodynamic or behavioral contributors to elevated readings.

This guide outlines how to interpret the key components of a SteadyStat report and integrate them into hypertension management.

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2. How to Read a SteadyStat Report: A 60-Second Workflow

SteadyStat reports are designed for rapid interpretation. The following sequence helps clinicians quickly assess a patient's status.

Step 1: Check the Adherence Summary (Top of Report)

- **What to look for:** The **overall adherence percentage**. An adherence rate below 80% is a meaningful finding and should be addressed early in the visit.

- **Clinical Question:** Is the patient taking their medication as prescribed?
  If not, elevated readings may be related to adherence rather than pharmacologic insufficiency.

Step 2: Review the Blood Pressure Control Summary

- **What to look for:**
  - Percent of readings at goal
  - Average BP
  - Distribution across ACC/AHA BP categories

  These provide an immediate sense of overall control.
- **Clinical Question:** How consistently is the patient within their target range?

Step 3: Examine the Time-of-Day Averages

- **What to look for:** Differences between morning, afternoon, and evening averages. A higher morning average may reflect a morning surge or a potential timing-related pattern.
- **Clinical Question:** Is there a specific time of day when BP is less controlled?

Step 4: Look for Key Insights & Flags

- **SteadyStat automatically highlights patterns such as:**
  - Elevated BP variability
  - Notable trough-to-peak differences
  - Adherence-related BP differences
- **Clinical question:**
  - Has the system identified any patterns that may warrant further discussion or evaluation?

By following these four steps, clinicians can gain a comprehensive understanding of a patient's home BP patterns in about a minute, allowing the remainder of the visit to focus on targeted interventions.

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3. Key Metrics at a Glance

The SteadyStat report includes several core metrics. This table summarizes their clinical relevance.

Metric	What it Measures	Clinical Significance
Adherence %	Percentage of scheduled doses taken.	<80% suggests elevated readings may be related to adherence.
% Readings at Goal	Percentage of readings below the home BP target (e.g., <135/85 mmHg).	Provides a practical measure of control consistency.
BP Variability (SD)	Standard deviation of systolic BP.	High variability (e.g., SD > 15 mmHg) is associated with increased cardiovascular risk.
Trough-to-Peak Difference	Difference between average BP at trough (pre-dose) and peak (2–6 hours post-dose).	A large difference may indicate a potential timing-related pattern.
Pulse Pressure (PP)	SBP - DBP.	Wide PP (>60 mmHg) may reflect arterial stiffness, especially in older adults.

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4. Clinical Decision Pathways

Use the patterns identified in the SteadyStat report to guide clinical reasoning.
Examples include:

If you see...	It may indicate...	Consider this action...
Poor adherence (<80%) with elevated BP	Elevated readings may be related to adherence.	Explore barriers (cost, side effects, forgetfulness) before considering therapy changes.
Good adherence (>80%) with elevated morning BP	A morning surge or timing-related pattern.	Evaluate whether dose timing or formulation may be contributing.
Good adherence (>80%) with elevated BP throughout the day	Potential pharmacologic insufficiency.	Consider guideline-aligned therapy adjustments.
High BP variability with acceptable average BP	Erratic control.	Explore adherence, lifestyle factors (e.g., sodium, alcohol), or medication selection.
Normal BP with dizziness or fatigue	Possible overtreatment at certain times of day.	Review the full BP log for low readings (e.g., <110/70 mmHg).

These pathways support structured clinical conversations without implying diagnostic conclusions.

5. Common Patterns and What They Mean

- **The Weekend Effect:** Adherence is consistent during the week but decreases on weekends. This pattern can guide targeted counseling.
- **The Selective Non-Adherer:** Patients may reliably take one medication but frequently miss another. SteadyStat highlights medication-specific adherence patterns.
- **The White Coat Responder:** Office BP is elevated, but home BP is controlled. This supports evaluation for white coat hypertension and may prevent unnecessary therapy escalation.

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6. Integration into Clinical Workflow

- **Before the Visit:** Encourage patients to prepare their SteadyStat report. It can be printed or shown on a mobile device.
- **During the Visit:** Use the 60-second workflow to quickly assess control and guide discussion around adherence, timing, and lifestyle.
- **After the Visit:** Document key findings in the EMR. Example: “Per SteadyStat report (90 days), home BP averages 145/88 with 75% adherence. Morning surge noted.”

Integrating SteadyStat into routine follow-up can support more data-driven, efficient, and collaborative hypertension management.