and Home Blood Pressure Monitoring Trial (e-BP). Patients were asked whether they took their BP at home. Patients with essential HTN willing to participate were invited to 2 screening visits to determine if they had uncontrolled BP and eligible for study participation. We describe here the relationship between HBPM and willingness to attend a screening visit, and for those who had a screening visit whether prior use of HBPM predicted BP control. **Results:** Of the 9298 patients sampled, 8840 (95.1%) were contacted, and 7268 (82.2% of contacted) answered the HBPM question, with 60.8% stating they used a HBPM. After excluding 2684 participants who did not meet study eligibility criteria, patients who were eligible but who refused to attend a screening visit (n=2,078) were more likely to use HBPM than those willing to attend the screening visit (n=2,506) (67.9% vs. 57.9%, $P<.001$). Among patients with a BP measure at the first screening visit, those who reported using HBPM trended toward improved BP control (BP <140/90 mm Hg) compared to patients not using HBPM, however this was relationship was not statistically significant (53.2% vs. 50.5%, $p=0.18$). **Discussion:** Hypertensive patients who were not willing to participate in a study to use HBPM and Web communications to improve BP control were more likely to already use HBPM. Prior use of HBPM trended towards improved BP control, but not significantly. HBPM use by itself does not predict HTN control, possibly because people may use these for different reasons.

Keywords: Home blood pressure monitoring, Hypertension, Prevention and control

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C-A4-03:

Medication Adherence in Patients with Uncontrolled Blood Pressure: Results from the Hyperlink Study

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Background/Aims: The Hyperlink study is a cluster randomized trial in patients with uncontrolled blood pressure. The objectives of this analysis were: (a) to compare measures of self reported adherence with actual adherence to medications at study enrollment (b) to study predictors of adherence. **Methods:** We analyzed prescription claims data for 146 participants who had prescription coverage through HealthPartners for at least one year prior to study enrollment and were taking at least 1 antihypertensive medication. Self reported adherence was measured using a 4-item Morisky scale. Actual adherence was defined as a continuous measure of Medication Possession Ratio (MPR) as well as a binary measure defining adherence as an MPR of >80%. **Results:** Of the 146 study participants, mean age was 66 (37-89 years), 14% were non-white, 48% were females, 45% had a 4yr college degree. Mean MPR was 0.86, 71% of patients were adherent by the binary MPR measure, and 70% self-reported high adherence (Morisky score=0). Higher self-reported adherence (lower Morisky score) was significantly associated with higher MPR (Pearson $r=-0.4$; $p<0.001$). Results of multiple linear regression showed that higher age ($p=.04$) and higher number of medications ($p=0.04$) predicted higher mean MPR. Race, gender and education were not associated with MPR. Higher self-reported adherence was associated with higher age but not race, gender, education, or number of medications. **Conclusions:** Self reported adherence was correlated with actual adherence in this sample of patients with uncontrolled blood pressure. Age and number of medications were important predictors of adherence. Our finding that patients on multiple drugs tend to be more adherent differs from many other studies, and may be related to the study population being sufficiently motivated to volunteer for a trial.

Keywords: Adherence, Hypertension, Medication

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PS2-07:

The Association of Cyberbullying with Cardiovascular Health in Adolescents: A Preliminary Analysis

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Background/Aims: With increasing access to the internet and other technology, adolescents may become victims of online harassment, referred to as cyberbullying. Cyberbullying may cause worry, fear, and distress among youth, all which increase cardiovascular disease (CVD) risk in adults. To our knowledge, no study has examined the potential association of cyberbullying with CVD risk factors in adolescents. We examined the association of cyberbullying with overweight/obesity and elevated blood pressure (BP) among healthy adolescents. **Methods:** Adolescents age 14-17 years and parent/guardian were invited to a research visit between November, 2009 and present. Height, weight, and BP were measured by trained staff and internet experiences quantified by questionnaire. Race was defined as African-American or other race. Cyberbullying was defined as self-report in the past year of being worried or threatened because of being bothered or harassed online or of being embarrassed by others online. Overweight/obesity was defined as BMI ≥ 85 th percentile for gender and age. Elevated BP was defined as a SBP or DBP ≥ 90 th percentile for gender, age and height. Logistic regression models were fit to estimate the association of cyberbullying with overweight/obesity or elevated BP. **Results:** As of October, 2010, 190 adolescents with complete data have been recruited into the study. Mean age was 16.5 $\pm$ 1.0 years; 76 (40%) were male and 112 (59.0%) were African-American. Mean BMI of adolescents was 24.2 $\pm$ 6.4 kg/m² and mean SBP and DBP were 117.7 $\pm$ 11.3 mmHg and 63.9 $\pm$ 7.1mmHg, respectively; 62 (32.6%) were classified as overweight/obese and 28 (14.7%) had an elevated BP. A total of 29 (15.3%) adolescents reported being cyberbullied; older adolescents ($P=0.061$) were more likely and African-Americans ($P=0.040$) were less likely to report being cyberbullied. Gender was not associated with cyberbullying ($P=0.143$). Cyberbullying was not associated with overweight/obesity ($P=0.951$) or elevated BP ($P=0.701$), after adjustment for other risk factors. **Conclusions:** CVD risk factors in youth track into adulthood, thus early-life experiences represent important and potentially modifiable predictors of adult disease. In this study, self-reported experiences of cyberbullying were not associated with being overweight/obese or with elevated BP. Continued study of psychosocial risk factors, including cyberbullying, with adolescent CVD health is warranted.

Keywords: Cyberbullying, Adolescent, Cardiovascular

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Child Health

C-B5-04:

Patterns of Blood Pressure Measurement at Pediatric Primary Care Visits in Large Medical Group Practices

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Background/Aims: Current estimates suggest that high blood pressure is present in 3-5% of children, although the prevalence of hypertension in obese children may be as high as 20%. The American Academy of Pediatrics recommends routine blood pressure measurement in children over the age of 3. However, it is not known whether this recommendation is being followed or what factors influence blood pressure measurement in pediatric populations. **Methods:** We examined 115,695 pediatric patients ages 3-17 who had an outpatient primary care visit (family practice or pediatrics) between 2007 and 2009 in two large medical groups in Minnesota and Colorado. Patient characteristics (sex, age, BMI percentile, and race/ethnicity), and clinic department were extracted from electronic medical record data. The predicted probability of blood pressure measurement was estimated using binomial mixed-model logistic regression with maximum likelihood estimation