Introduction

Hypertension is one of the major risk factors for coronary artery disease [CAD] ***(pierdomenico et al., 1998)***.

In hypertensive patient, however, the occurrence of cardiac ischemic episodes could be influenced either by high blood pressure (BP) levels, through an increase of myocardial oxygen demand or low BP values, through a reduction of coronary perfusion due to an upward shift of the lower limit of coronary auto-regulation in the subendocardium ***(Strad grands, Haunso S, 1987).***

Several studies ***(Mccloskey et al., 1992, Lindblad et al., 1994),*** but not all ***(Mac Mahnon et al., 1990; Fletcher & Bulpitt, 1992),*** have reported a directly proportional relation between diastolic blood pressure and risks of myocardial infarction in treated hypertensive patients with CAD.

Floras in 1989 has hypothesized that unrecognized nocturnal hypotension might be one reason why treatment has not diminished the risk of coronary events in patients with hypertension.

Ambulatory blood pressure monitoring (ABPM) has shown that blood pressure is highest during the day and falls during sleep, typically by 20-30 mmHg **" Dippers"** ***(Littler et al., 1975).*** This can be found in normotensive people and uncomplicated essential hypertensive patients ***(Weber et al., 1984, Pickering, 1991).***

If the blood pressure fails to fall by more than arbitrary percentage usually 10% of the walking value has been termed **" non-dippers"** ***(O bren et al., 1988)*** as in secondary hypertensive patients ***(Pad field & Stewart, 1991).***

It has been reported that, compaired with dippers, the non dippers have higher left ventricular mass ***(Suzuki et al, 1992 Schmeider et al., 1995)***, crebrovascular disease ***(Shimada et al., 1992)***, and cardiovascular morbidity ***(Suzuki et al., 1996; Ohkubo et al., 1997).***

When gender was taken into account, left ventricular mass and cardio-vascular morbidity were found to be significantly higher in non-dippers than in dippers in women, whereas a lesser and not siginificant difference was observed between the two groups in men ***(Schmieder et al., 1995; Pierdomenico et al., 1997).***