Understanding racial disparities in hypertension control: intensity of hypertension medication treatment in the REGARDS study.

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Understanding racial disparities in hypertension control: intensity of hypertension medication treatment in the REGARDS study.

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Abstract

OBJECTIVES: African Americans (AA) suffer excess hypertension-related health outcomes and their blood pressures (BPs) are widely reported to be less controlled than European Americans (EA). Intensity of hypertension treatment may play a role. We examined whether AA with treated hypertension received less-intense medication regimens than EA, as reflected in the number of antihypertensive medication classes.

DESIGN: Cross-sectional observation of baseline information from the REasons for Geographic And Racial Differences in Stroke cohort. Participants were recruited by telephone in 2003-2005, completed a telephone survey, and had BP measured and medications recorded during an in-home visit. The study's outcome was the number of classes of antihypertensive medications.

SETTING: U.S. national cohort study with oversampling from high stroke mortality regions. Participants were self-identified AA or EA, > or =45 years old, living in the community, and balanced on AA race and sex by design.

PARTICIPANTS: 8960 individuals with treated hypertension.

RESULTS: Mean age was 68.0 +/- 8.6 years. AA were poorer and less educated than EA, and had worse BP control (63.5% BP < 140/90 mm Hg for AA, 74.0% for EA, P < .01), yet they were on more classes of BP medication (24.1% on > or =3 classes, vs. 16.9%, P < .01). AA were taking an
average of 0.138 more antihypertensive medication classes than otherwise similar EA (P < .01). More intense treatment persisted across all age, sex, education, income and BP groups.

CONCLUSIONS: AA were more intensely treated for hypertension than EA. Further study to identify action strategies to eliminate racial differences in hypertension outcomes is warranted.