Physician practices seeking to improve the blood-pressure control rates among their black patients should pay special attention to an evidence-based framework for hypertension management that emphasizes the essential role of patient-physician communication, says a cardiologist who has long studied racial and ethnic health disparities in heart disease.

“The inability of the physician to communicate with the patient leads to poor compliance,” said Keith C. Ferdinand, MD, an African-American cardiologist and professor of medicine at Tulane University School of Medicine. “The patient has to have a partnership with the physician.”

To achieve that partnership, Dr. Ferdinand said, it is essential that physicians “be sensitive to patients’ beliefs systems” and understand that, particularly among older black patients, there is a sense that “they have felt disenfranchised from the medical community.”

This sense of disenfranchisement accounts, at least in part, for a high level of nonadherence, “even in patients with higher levels of income and education,” he told AMA Wire®.

Adherence to treatment regimens—which may include dietary changes and other behavior modifications, along with medication protocols—is a salient issue in attending to black patients with hypertension. As Dr. Ferdinand and co-authors have noted in recent journal articles, the incidence of hypertension is dramatically higher among black patients than it is in U.S. general population—about 44 percent versus 33 percent—and early onset is more frequent.

What’s more, ability to control high blood pressure among African-Americans is lower than it is for other racial or ethnic groups studied, Dr. Ferdinand and his co-authors wrote in an article recently published in the Journal of the American College of Cardiology.

The depressed success rates have precipitated the call by Dr. Ferdinand and many others for additional research to understand the numerous and complex reasons behind a medical condition that afflicts millions of African-Americans.
A journal article in *Hypertension* by Dr. Ferdinand, AMA Vice President of Chronic Disease Prevention and Management Michael K. Rakotz, MD, and others, notes that there is scant scientific evidence to assess African-Americans’ responses to lifestyle and nonpharmacological interventions to treatment high blood pressure. More studies are needed to help address this gap, wrote the authors, whose work grew out of the National Heart, Lung, and Blood Institute Working Group on Research Needs to Improve Hypertension Treatment and Control in African-Americans.

That having been said, the “measure accurately, act rapidly and partner with patients” (M.A.P.) framework for hypertension management is an excellent launching pad for improvement in BP control among African-American patients, Dr. Ferdinand said. He also offered this advice, which echoed the M.A.P. approach.

**Do not take patients’ health literacy for granted.** Make certain that they understand treatment plans—and that they can make good on them. This may require more time than the average 15-minute patient visit.

**If patients seem unable to follow the treatment plan, involve other family members in their care.** “It’s not unusual for a son or daughter of your patient to be sitting in the waiting room,” said Dr. Ferdinand. “Invite him or her in, with the patient’s approval, and review the treatment plan together.”

**Talk to patients about the Dietary Approaches to Stop Hypertension (DASH) eating plan —and follow up with literature about it.** Obesity is a major risk factor for hypertension, said Dr. Ferdinand. The DASH diet—rich in fresh fruits and vegetables, whole grains and lean proteins—has been shown to be instrumental in helping patients with hypertension lose weight, maintain their reduced weight and lower their blood pressure.

**Explain to patients the long-term risks of hypertension.** “Focus on the risks downstream,” said Dr. Ferdinand, noting that one of the greatest challenges to patients’ adherence is that they feel fine at the time of diagnosis. “Patients’ symptoms may be indistinct now,” he said, but left untreated, they can lead to heart attacks, strokes, kidney disease and a host of other significant medical complications.

Two complementary programs recognize physician practices for making strides in improving blood-pressure control among their patients. The **Million Hearts Hypertension Control Challenge** is a federal competition to identify clinicians, practices and health systems that have achieved a hypertension control rate of 70 percent or greater among their patients with hypertension and award them with recognition for their work.

**Target: BP™**—for which Dr. Ferdinand serves as an adviser—is a national initiative co-led by the American Heart Association (AHA) and the AMA. In addition to direct access to trained field support specialists, a data platform and a suite of evidenced-based tools and resources offered by the AMA and the AHA, Target: BP offers annual, recurring recognition for all participating sites that achieve...
hypertension control rates of 70 percent or higher among their adult patient population year over year.

A growing number of physician practices are finding success using self-measured blood pressure to help keep patients' hypertension in check. Now is an opportune time to get started or ramp up such efforts, as the AHA is collaborating with the World Hypertension League to record 25 million self-measured BP readings worldwide by May 17, which is World Hypertension Day. Encourage your patients to check their BP's and then visit the AHA website and click the “I’ve checked my blood pressure” button.