

1 big reason for racial gap in hypertension: the Southern diet

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Studies have shown that cardiovascular disease, including stroke, is the largest contributor to the mortality difference between the black and white populations in the United States. Researchers are hunting for the reasons why the difference exists.

Now a study published in *JAMA* finds that the Southern diet—one that includes a high intake of fried foods, organ meats, processed meats, egg, egg dishes, added fats, high-fat dairy foods, sugar-sweetened beverages and bread—is a key reason for the racial gap in hypertension.

The research underscores the fact that discussing diet needs to be at the top of the checklist when talking with African-American patients.

“Physicians need to identify that the Southern diet is a barrier to good health,” said AMA member Keith C. Ferdinand, MD, a cardiologist and professor of medicine at Tulane University School of Medicine, where he holds the Gerald S. Berenson Endowed Chair in Preventive Cardiology. “These efforts to change diets are old, they are not new, and we need to continue to talk about it.”

The American Heart Association and AMA partnered to launch Target: BP™, which supports physicians and care teams by offering access to the latest research, tools, and resources to reach and sustain blood pressure goal rates within the patient populations they serve.

Don't let diet be an afterthought

Dr. Ferdinand noted that patients can be reluctant to change their eating habits because many identify food with their culture. But, he said, physicians need to show patients that changing their diet is a path to good health.

Let patients know that consuming less salt and animal fats lowers blood pressure and reduces cardiovascular disease. And reinforce the fact that that lower sodium levels allow BP medications to

be more effective.

“You need to sit down at eye level, face to face with a patient, and use simple and direct language. You can’t mumble it as a throw-away line as you are walking out of the room,” Dr. Ferdinand said. “It has to be an important part of the visit.”

Southern diet trumps a dozen other factors

The recently published *JAMA* study, “Association of Clinical and Social Factors with Excess Hypertension Risk in Black Compared with White U.S. Adults,” found that the Southern diet score was the largest mediating factor for differences in the incidence of hypertension when comparing data from the black population to the white population.

Researchers started with BP data gathered from more than more than 30,000 black and white adults beginning in the early 2000s and again about nine years later as part of a longitudinal cohort study called REGARDS. Then they focused on the more than 6,800 participants who started with normal BP but had hypertension at the follow-up visits that took place between 2013 and 2016.

The incidence of hypertension during the follow-up was 46 percent among black participants and 33 percent among whites.

Study authors analyzed a dozen potential factors that could provide a glimpse into why that disparity exists. For black men, the Southern diet accounted for 51.6 percent of the higher risk of incident hypertension. Among black women, the Southern diet accounted for 29.2 percent of the risk of hypertension.

Helping patients control BP

“With new goals for blood pressure to be below 130/80 mm Hg, nearly 60 percent of African-American adults will be defined as having hypertension,” Dr. Ferdinand said.

“It will be imperative for all physicians to help decrease hypertension rates and to use diets as a cornerstone to do that and prescribe medication when needed,” he said.

Beyond discussing the Southern diet, Dr. Ferdinand encouraged physicians to:

- | Direct patients to Target: BP. The initiative urges medical practices, health service organizations and patients to prioritize blood pressure control. The resources are culturally conscious and written at a level that patients can understand.

Send patients with a comorbidity of diabetes to a dietitian.

Give patients a handout to take home; for example, a pamphlet from the AHA. Dr.

Ferdinand tries to hand the patient something that reflects people who look like the patient.

For example, an African-American is pictured on a hand out for black patients and a

Hispanic is featured on bilingual pamphlets for Latinos.

Nearly 800 health care organizations nationwide earned Target: BP recognition for their efforts in 2018. Register now to participate.