For more than 15 years, the U.S. saw a rise in blood-pressure control from 31.8% to 53.8%. However, BP control dropped to 43.7% from 2013–2014 to 2017–2018, according to a recent study. A greater proportion of Americans, particularly marginalized and minoritized communities, are living with uncontrolled high BP, which is concerning. This signals a growing need for physicians and other health professionals to recommit to prioritizing BP control.

Published in *JAMA*, “Trends in Blood Pressure Control Among US Adults With Hypertension, 1999-2000 to 2017-2018,” was written by researchers at the University of Alabama at Birmingham and the National Heart, Lung, and Blood Institute, as well as Gregory Wozniak, PhD, who is director of outcomes analytics at the AMA.

“Despite the fact that we have more scientific evidence than ever before pointing to the devastating effects of uncontrolled high blood pressure, as well as broader access to low-cost generic medications to treat the condition, blood-pressure control has worsened,” AMA President Susan R. Bailey, MD, and American Heart Association (AHA) President Mitchell S.V. Elkind, MD, said in a joint statement. “Without intervention, more people will be at high risk of heart attack, stroke, disability and death.”

“This research reinforces the need for all health care providers and their patients to prioritize blood-pressure control, especially now as cardiovascular disease places people at greater risk for adverse outcomes associated with COVID-19,” said Drs. Bailey and Elkind. “The AMA and AHA will continue to build on their collective work to ensure physicians and all Americans, especially those within underrepresented and under-resourced communities, have the health care access and support they need to control high blood pressure and reduce the burden of cardiovascular disease in the United States.”

Here are some factors that play a role in why uncontrolled BP has risen among American adults since 2013–2014.
Medication nonadherence

For adults taking medication for hypertension, BP control rose from 53.4% in 1999–2000 to 72.2% in 2013–2014. However, BP control among adults taking medication declined to 64.8% in 2017–2018. Adding to that, among adults 18–44 taking medication, 71.9% had their BP controlled while those 75 or older had a control rate of 47.3%.

“Patients have a role in their own care, including adherence to medication and follow-up when necessary, but it is incumbent that clinicians and systems of care redouble their efforts to detect and treat hypertension in their patients,” says an editorial, “Treatment and Control of Hypertension in 2020,” written by JAMA Deputy Editor Gregory Curfman, MD, Editor-in-Chief Howard Bauchner, MD, and Senior Editor Philip Greenland, MD.

Racial and ethnic inequities

Among Black adults, 41.5% had their BP controlled, compared with 48.2% of white adults in 2015–2018. Similarly, when taking anti-hypertensive medication, 55.6% of Black adults had their BP controlled compared with 60% of Asian American adults and 69.3% of white adults.

This highlights “the need for us to address upstream factors, including structural racism, that continue to contribute to the greater prevalence of hypertension and lower rates of blood pressure control among Black, Latino, Asian and Indigenous populations compared to white adults,” said Drs. Bailey and Elkind.

Recently, the AMA and AHA teamed up with a group of national health care organizations and Essence magazine on the “Release the Pressure” campaign to advocate improved heart health among Black women. Learn more about this national campaign.

Health insurance coverage and access to care

Among patients with private insurance, Medicare or another government health insurance, the rate of BP control was 43.2%. However, only 24.2% of those with no insurance achieved BP control.
A person’s access to health care also played a role in BP control. Almost half of those with a health care facility that they frequented had their BP controlled. This was compared with a 26.5% BP control rate among patients lacking such access. Additionally, 49.1% had control if they had a health visit in the past year, compared with only 8% BP control among patients who had no visit to the doctor.

Learn about the four patient groups that see the biggest impact on hypertension and BP control.

**Awareness of hypertension diagnosis**

Patients who were aware of their hypertension diagnosis rose from 69.9% in 1999–2000 to 84.7% in 2013–2014, but fell to 77% in 2017–2018. This drop in awareness was also seen in other areas, including medication adherence and insurance coverage.

The AMA has developed online tools and resources created using the latest evidence-based information to support physicians to help manage their patients’ high BP. These resources are available to all physicians and health systems as part of Target: BP™, a national initiative co-led by the AMA and American Heart Association.

URL: https://www.ama-assn.org/delivering-care/hypertension/4-reasons-why-bp-control-has-dropped-among-american-adults
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