

Even with Rx use, lower BP control achieved for Black patients

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When blood pressure is controlled, it can prevent or reduce adverse health outcomes. Yet social and structural determinants of health may contribute to inequities that, despite equivalent proportions of antihypertension medication, Black adults continue to have lower blood pressure control and more cardiovascular events than white adults, according to a study published in the *American Journal of Hypertension*.

The study notes that 55.2% Black adults (15.7 million) had hypertension, compared with 47.4% of white adults (or 74.4 million). Among those, 56.4% of Black adults and 55.7% of white adults were on medication for hypertension. And while Black adults had higher use of diuretics and calcium blockers compared with white adults, blood-pressure control remained lower across all medication classes and the number used.

Yet among those treated with antihypertensive medications, only 34.9% of Black adults and 45% of white adults had their blood pressure controlled, says the study, co-written by Gregory Wozniak, PhD, Stavros Tsipas and Brent Egan, MD, from the AMA Improving Health Outcomes unit and colleagues at the Centers for Disease Control and Prevention Division for Heart Disease and Stroke Prevention.

Data from the 2013 to 2018 National Health and Nutrition Examination Surveys were used to assess BP control among 4,739 Black and white adults by anti-hypertensive medication use and selected characteristics. This was completed using the 2017 American College of Cardiology (ACC) and American Heart Association (AHA) blood pressure guideline definition of systolic BP of less than 130 mm Hg and diastolic blood pressure less than 80 mm Hg.

Suboptimal control rates and persistent inequities for Black adults “warrant increased efforts to improve blood pressure control,” says the study, including more widespread adoption of the 2017 BP guideline, implementation of the surgeon general’s call to action on BP control, and taking the three steps outlined below.

Identify potential barriers

This includes social and structural determinants that influence blood pressure control across all groups of people. While the use of hypertension medication can help with BP control, it depends on a patient's access to health care. It also depends on other factors that influence blood pressure and use of those medications for hypertension.

“Clinical strategies that promote blood pressure control typically include frequent health care interaction and medication management such as intensification of antihypertensive medication to reach control,” says the study.

Address medication adherence

Another area to focus on is hypertension medication adherence as a part of social and structural determinants of health. This is because medication adherence depends on many different factors, including access to medication as well as affordability. It can also be affected by associated visit costs, health literacy and appropriate community partnerships to ensure equitable access.

Inability to access health care and appropriate treatment for Black adults may also contribute to decreased BP control. For example, a strong patient-physician relationship has been shown to improve medication adherence and blood pressure control rates among Black adults.

Read about four ways to reduce therapeutic inertia in patients with high BP.

Implement diverse strategies

“Several interventions demonstrating improved blood pressure control among Black adults have centered on increasing community engagement of patients in settings such as barbershops and faith-based institutions,” says the study.

This is because diverse strategies are key to improving blood-pressure control, including lifestyle changes and optimizing medication use in accordance with the 2017 BP guideline. Self-measured

blood pressure monitoring can also help because it increases awareness and potential for management of hypertension that goes beyond the clinical setting.

Discover seven methods to help your Black patients control high blood pressure.

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 through AMA MAP BP™, an evidence-based quality improvement program that provides a clear path to significant, sustained improvements in BP control.

AMA MAP BP features powerful data and metrics—including through a dashboard that provides monthly reports and tracking data on process and outcome metrics. In addition, AMA experts provide planning and support during program setup and implementation, such as help with assessing practice sites' readiness, training clinical teams and creating kickoff event presentations.