

Therapeutic challenges for African-Americans with hypertension

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For African-Americans who have hypertension, controlling their high blood pressure is critical to avoid serious complications. However, a history of racial discrimination and/or mistrust in their physicians often causes them to skip taking their necessary medication, finds a new study in the *American Journal of Public Health*.

"The study highlights the long-term and potentially negative effects discriminatory experiences may have on health behaviors," said lead author Yendelela Cuffee, Ph.D., of Langone Medical Center at New York University.

Hypertension left untreated can lead to heart attack, heart failure and

kidney disease. The Centers for Disease Control and Prevention (CDC) reports that while 31 percent of adults in the U.S. have hypertension, the disease strikes African-Americans more often than Whites.

The CDC notes that 43 percent of African-American men and 45.7 percent of African-American women have hypertension compared to 33.9 percent of White men and 31.3 percent of White women.

According to the National Health and Nutrition Examination Survey (NHANES), only 28 percent of African Americans with [high blood pressure](#) have controlled hypertension compared with 33 percent of Whites.

The researchers used data from a study conducted in Birmingham, Ala. from 2007 to 2008 of 780 African-Americans with hypertension who had an average age of 53. Participants were asked whether they had ever faced racial discrimination in any of seven different settings, such as at school, getting a job or seeking medical care. They were also asked about their level of trust in their physicians, based on such factors as a physician's care about a patient's best interest and physician competence. The group also self-reported adherence to [hypertension](#) medication.

Fourteen percent of the participants reported low adherence to their medication regimen, 45 percent had moderate adherence and 41 percent reported high adherence. Those who reported experiencing [racial discrimination](#) had lower [medication adherence](#), much of which was explained by lower levels of trust in their physicians. People who had greater trust in their physicians had higher adherence with their medications, as did men and older participants.

Cuffee suggested that a more trusting relationship with patients might be established by providers who are culturally sensitive to the needs and experiences of their patients and are willing to have candid discussions with patients about experiences of discrimination.

"Culturally sensitive providers are more likely to obtain a better understanding of the core issues that influence [health behaviors](#) and have greater success in administering treatments," she added.

Malcolm Williams, Ph.D., a health disparities expert at RAND Corporation, said the health care community needs to continually analyze factors driving these disparities and approaches that will be most sensitive to reducing them.

"This research illustrates that the causes of such disparities are complicated and include patient experiences inside and outside the [health](#) care system," Williams explained. "I'm encouraged by the results of the study that suggest that identifying ways to improve trust in physicians among minority patients may lead to increased adherence."

More information: Cuffee YL, Hargraves JL, et al. Reported racial discrimination, trust in physicians, and medication adherence among inner-city African Americans with hypertension. *Am J Public Health*. 2013.

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