Managing Hypertension in African American Patients

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The Heart Institute
Co-Investigator, The LA Barbershop BP Study

Hypertension Center
50 year-old African American gentleman participating in BP screening in his barbershop

- Healthy appearing, BMI 28
- History of uncomplicated hypertension
- **Barbershop BP 150/95** (avg. of 2 visits)
- Recent office BP 138/85
- Current medication: HCTZ 25 mg QD
- Normal lytes, Cr 0.9
Outline

Managing HTN in African American Patients

- Challenges
- Community-Partnered Intervention
F Guo et al., J Am Coll Cardiol., 2014
Geographic variation in HTN

African ancestry

RS Cooper et al., BMC Medicine, 2005
Hypertension in NH Blacks gender gap

Prevalence

Treatment

Control (BP<140/90)

Guo F et al. JACC 2013;60:599-606
These men died young from complications of uncontrolled high blood pressure.
Improved Blood Pressure Control Associated With a Large-Scale Hypertension Program

Marc G. Jaffe, MD; Grace A. Lee, MD; Joseph D. Young, MD; Stephen Sidney, MD, MPH; Alan S. Go, MD

% <140/90

Kaiser Permanente

Access
- walk-in BP checks

Compliance
- proactive reminders

Management
- preset Rx protocol
- team-based (Pharmacists)
Outline

Managing HTN in African American Patients

- Challenges
- Community-Partnered Intervention
LA Barbershop BP Study (2015-2019)

Community Health Promotion

Improved Care Delivery
Pilot data at Wally’s Barbershop

**Systolic BP, mmHg**

- Baseline: 152
- 6 Months: 127
- Δ = -25 mmHg

- n=12

**Diastolic BP, mmHg**

- Baseline: 92
- 6 Months: 76
- Δ = -16 mmHg
Medication Adherence

Baseline  6 months

Low  Med  High

Med Care 1986; 24:67-74
J Clin Epidemiol 2011; 64:262-263.
Patient Assessment of Chronic Illness Care

 Activation
 Delivery
 Goal setting
 Prob solving
 Follow-up

 baseline
 6 months

 1 Low  2  3 Med  4  5 High

Community Advisory Board
40 Barbershops randomized (500 patrons)

Baseline
20 barbershops
15 patrons/shop

Enhanced Intervention
Barber-pharmacist BP mgt.

6 Month Follow up
Extension Study
12 Month Follow up

Baseline
20 barbershops
15 patrons/shop

Active Comparator
Barber health educator

6 Month Follow up
Extension Study
12 Month Follow up
Inclusion Criteria

- African American men
- Age 35-79
- Regular barbershop patrons
- SBP ≥ 140 x 2 screenings
Screening & Enrollment in the barbershops by Westat field interviewers
When Diet & Exercise Are Not Enough

My doctor advised a heavy dose of diet and exercise for my high blood pressure. I work out 5 days a week and bike from Venice to Santa Monica. I lost 15 pounds. But my blood pressure crept up. Diet and exercise are not enough for me.

Eric introduced me to the pharmacist working with him on a new blood pressure program. He’s been my barber 15 years so I trust him. Kathy prescribed medicine and consulted with my doctor who is on board with the plan. Now I have a team of people helping me make decisions for my health. I’m glad to get the medicine because I don’t want to be 70 and broken down, I want to be healthy and enjoy my life.
THE PRESENT AND FUTURE

STATE-OF-THE-ART REVIEW

2014 Hypertension Recommendations From the Eighth Joint National Committee Panel Members Raise Concerns for Elderly Black and Female Populations

Lawrence R. Krakoff, MD,* Robert L. Gillespie, MD,† Keith C. Ferdinand, MD,‡ Icilma V. Fergus, MD,§ Ola Akinboboye, MD, MBA,∥ Kim A. Williams, MD,¶ Mary Norine Walsh, MD,# C. Noel Bairey Merz, MD,** Carl J. Pepine, MD††
• 30% African American participants
• 23% reduction in the primary outcome with more intensive Rx: SBP 121 vs. 136 mmHg
50 year-old African American gentleman participating in the barbershop pilot study

**Initial**
Monotherapy
- HCTZ 25 mg
- BP 150/95

**Final**
Triple Rx
- Amlodipine 10 mg
- Irbesartan 300 mg
- Indapamide 1.25 mg
- BP 122/75
Greater projected benefits of reduced dietary salt in blacks

If daily NaCl were reduced by 3g (from 10 to 7g):

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K Bibbins-Domingo et al., N Engl J Med, 2010
Conclusions

- African Americans suffer disproportionately from preventable hypertensive complications.
- Societal issues require a community-partnered approach.
- Access, patient engagement, peer support, lifestyle modification, and...
- Combination drug therapy