
Hypertension in African Americans

High blood pressure, also known as hypertension, affects more than 40% of African Americans in the United States. Not only does this serious condition affect blacks at younger ages than other groups in the U.S., but it is also more likely to result in complications such as stroke, blindness, kidney disease, and heart disease.

Why is hypertension so common in African Americans?

It has been difficult to come up with a definitive answer to this question, but research suggests that the increased incidence of hypertension in blacks can be attributed to a combination of genetic and environmental factors. Blacks from Africa who follow a traditional lifestyle have fewer problems than blacks in the U.S. African Americans also seem to be more sensitive to salt than other populations. Blacks in this country are more likely to be overweight than blacks in other areas. There is a significant relationship between prevalence of high blood pressure and increased body mass index (BMI) in African Americans. Experts believe that socioeconomic factors such as discrimination, inequality, and poor diet habits are all related to this issue.

Other risk factors for developing hypertension include increased age, being overweight, decreased physical activity, diabetes, diet high in sodium/low in potassium, and alcohol and tobacco use.

Treating hypertension in African Americans

Treatment has been a challenge in the African American community, especially since blacks do not respond to hypertensive medications the same way other populations do. Common drugs used to treat high blood pressure include:

- **Diuretics:** help eliminate excess sodium and fluid in the body
- **Calcium channel blockers (CCB), ACE inhibitors, Angiotensin receptor blockers (ARBs):** all work by preventing your blood vessels from tightening up
- **Beta Blockers:** block the effects of adrenaline by decreasing heart rate and blood pressure.

Thiazide diuretics are the drug of choice for treating hypertensive African Americans, especially since blacks are more prone to salt retention. CCBs may be a good alternative to patients who cannot be controlled or are intolerant to diuretics. Doctors are often urged to start treating African Americans with two medications, with one of them being a diuretic. ACE Inhibitors and ARBs are especially helpful in hypertensive patients with diabetes and/or kidney disease. When used alone, these medications are not as helpful as diuretics in lowering blood pressure, but in combination with diuretics they slow down the progression of kidney disease. Beta blockers should not be denied to blacks if their indications exist, although when used alone for high blood pressure they are not as effective.

Consult your doctor to find out which treatment is best for you. Most importantly, remember that diet with limited salt intake, exercise, weight loss, and quitting smoking should be your first step to preventing the progression of hypertension! For More information visit www.HeartandHealth.com or contact us at Heart and Health 1350 Deer Park Ave N- Babylon NY 11703 (631) 482-1355