

# Health

## HIGH BLOOD PRESSURE IN AFRICAN-AMERICAN

**Elijah Saunders, M.D.**  
Hypertension, otherwise known as high blood pressure, is a condition characterized by a physical increase in pressure within the heart and vascular system. This leads to excess stress on the walls of the blood vessels, which, over a period of time if sustained, will result in damage. The condition often takes years to develop, coming on more often in persons after the age of 40 and usually before the age of 55. However, it occurs in blacks about 5-10 years earlier than in whites. High blood pressure represents the most common chronic disease treated on a recurrent basis in physicians' offices. It affects approximately 60-62 million Americans, but its prevalence in the black community is 1 1/2 to 2 times more frequent. Severe hypertension, defined as a diastolic pressure (lower figure) of 115 millimeters of mercury or higher, is as much as 5-7 times more common in blacks than in whites. In addition, the various complications of high blood pressure, which include stroke, heart attack, heart failure and kidney disease, are several times greater in blacks than in whites leading to a marked discrepancy in the black-white mortality from hypertensive-related diseases.

The cause of high blood pressure is not known. The cause is felt to be associated with increased inheritance of possible genetic factors that might make one more predisposed to get the condition. But it seems that multiple environmental factors may play a role in individuals so disposed. Dietary salt or its handling by the kidney, resulting in delayed elimination of salt, may be a factor and seems to be more common in populations in which the salt consumption is high compared to other populations. Some investigators believe that blacks have more of a tendency to handle salt (sodium) in this way and, therefore, are said to have a salt-sensitive type of high blood pressure and one that is aggravated more significantly by salt in the diet. Other risk factors include obesity (excess weight), psychosocial and economic stress, diabetes mellitus, and, of course, a strong family history of high blood pressure or its vari-

ous complications. Recent data suggests that excess intake of alcohol, excess cigarette smoking, sedentary lifestyles, high blood cholesterol, and certain drugs such as oral contraceptives, may contribute to hypertension.

Although we do not know the cause of hypertension (in any population) except in a very few cases, the treatment nevertheless is very effective. Treatment will result in reduced likelihood

of having a stroke, certain forms of heart disease and probably kidney disease. Dietary management includes restricting salt intake and eating adequate amounts of potassium, calcium, magnesium and possibly other substances. Drug treatment is very effective in the absence of reduction of the blood pressure by way of non-drug means as described. Drugs include diuretics and calcium blockers, which are most effective in

blacks, as well as angiotensin-converting enzyme (ACE) inhibitors, and alpha and beta blockers. These drugs work mostly by dilating the small blood vessels, which, when tight or constricted, help to maintain high blood pressure or by reducing the salt and water in the body. Most drugs are well-tolerated, and if taken over a period of time, they have been shown to reduce various complications related to high blood pressure.

## AMERICAN HEART ASSOCIATION HEART DISEASE ISN'T WOMAN'S BEST FRIEND

Think of the No. 1 killer disease of American women, and you probably think of cancer.

Think again. Heart disease has that deadly distinction. And these heart-hitting facts prove just how deadly it is:

- Heart and blood vessel diseases combined kill more than 500,000 women a year, while all forms of cancer kill nearly 227,000.

- Heart attack claims about 245,000 women's lives a year, lung cancer about 46,000.

And if you think heart disease is only a man's disease, statistics destroy that long-held myth, too. More men may have heart attacks, but women are twice as likely to die from them within the first few weeks.

True, the statistics are gloomy. But the forecast is getting brighter. That's mainly be-

cause of medical advances and changing lifestyles, says the American Heart Association. From 1979-87, age-adjusted death rates for women declined 20 percent for coronary heart disease, 26 percent for stroke, and more than 14 percent for all cardiovascular diseases.

So think prevention. Learn about your risk factors — and which ones you can control.

## VIEW FROM HHS

By Louis W. Sullivan, M.D.

Childhood lead poisoning is a serious but entirely preventable problem.

Our most recent estimates show 3 to 4 million children under age 6 have elevated levels of lead in their systems.

Nationally, black children account for more than half those with very high blood lead levels, above 25 micrograms per deciliter of blood. A 1988 study in New York City put the rate for Hispanic children at 28 percent, about twice that for white children.

Most often, people are exposed to this harmful substance when they breathe lead-contaminated paint dust from inner-city housing or from older housing being restored. Children most often are exposed when they ingest the dust in normal hand-to-mouth activities.

Signs of exposure to low levels of lead can be subtle.

Early indicators include irritability, anxiety and exhaustion while signs of advanced lead poisoning are clumsiness, fatigue, vomiting and seizures. The most extreme cases include coma and death.

Lead exposure in children at an early age can result in brain damage, lower IQ, attention disorders, emotional disturbances and language difficulties.

HHS' Strategic Plan to Eliminate Childhood Lead Poisoning details steps to be taken in the first five years of a 20-year effort. The Department of Housing and Urban Development and the Environmental Protection Agency also will have key roles, along with state and local governments and the private sector.

The Strategic Plan calls for:  
— expanded childhood lead poisoning prevention programs and activities, with a primary focus on identifying and treating the children with high blood lead levels.

— safe and effective abatement of lead-based paint in housing.

— reduction in sources of lead exposure in addition to lead-based paint,  
— national surveillance for elevated blood levels.

Treating a child with high levels of lead poisoning can be costly. But for each child saved from this disease, society can save \$1,800 in medical expenses and \$3,331 in special education — while enhancing the child's quality of life.

Treatment for lead poisoning is called chelation. Medicine is taken orally, by injection or through a vein. The medicine circulates throughout the body acting like a magnet, attaching itself to lead particles; then it passes out of the body through kidney filtration and elimination.

The lead abatement process calls for removing or covering up existing leaded paint by a professional person trained in safe methods.

To minimize exposure by covering the lead-painted surface, a specially designed sealer called an encapsulant is used.

Because most of the leaded paint is in neighborhoods with low property values, owners of these houses typically have had little incentive to take on the relatively high cost of safe and thorough abatement.

Further, state and local governments seeking to force landlords to act often have had to rely on the court system. This has not proved an efficient process.

In fiscal '92 the department's budget for lead poisoning prevention is \$15 million. This spending will increase as our Strategic Plan takes effect.

Our Centers for Disease Control is providing leadership in addressing lead poisoning. But state, local and private efforts are just as important. We need to pull together to eliminate this hazard for our children.

(Dr. Sullivan is U.S. secretary of health and human services.)



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