

HEALTH

HIGH BLOOD PRESSURE POSES A MAJOR HEALTH THREAT FOR AFRICAN-AMERICANS

PART 1 of a 2 Part Series

DALLAS, Texas, The more information medical research turns up on high blood pressure, the worse the news seems to get for African-Americans. For the most part, health experts agree, the news ranges from moderately disturbing to downright frightening.

And yet, the American Heart Association emphasizes, the quicker the full impact of the bad news reaches the black community, the sooner the news may start to get better. Only when blacks realize the extent of their risk for high blood pressure and take available steps to reduce it, can the situation begin to improve, say AHA scientist volunteers.

While high blood pressure poses a major health threat for all U.S. ethnic groups, blacks contract the disorder far more often, develop it much earlier in life, and suffer death or disability from high blood pressure-related disease in far greater proportion than white Americans.

As a group, African-Americans have stroke death rates nearly twice as high as whites. They are up to five times as likely to die of chronic heart failure because of high blood pressure. And high blood pressure-related kidney failure is up to 18 times as prevalent among blacks.

"These rates are alarmingly higher for blacks than for whites and other ethnic groups in America," says Edward S. Cooper, M.D., who took office last summer as the first black president-elect of the AHA. "The cardiovascular disease death rate for black males is 37 percent higher than in white females."

Cooper, who recently presided at the AHA's Editors Conference on Cardiovascular Disease in African-Americans, is among many top medical authorities seeking to focus national attention on the high level of risk to blacks and devise ways to reduce high blood pressure's

deadly toll among them.

"Lack of knowledge about heart disease or stroke is perhaps one of the greatest detriments to the black community," he says. "It may be a key reason for the wide racial disparity of diseases that stump our most renowned scientists."

Louis Sullivan, M.D., secretary of the U.S. Department of Health and Human Services, who served as keynote speaker for the conference, singles out high blood pressure, or hypertension, as the primary villain for black victims of stroke, heart disease and kidney failure.

"Hypertension is the most serious health problem for black Americans," say Sullivan. "Blacks tend to develop hypertension at an earlier age than whites, and it is often more severe."

The higher prevalence and severity in blacks leads to higher rates of stroke, and end-stage kidney disease, heart failure and enlargement of the left ventricle, he says.

Although the evidence of disease is indisputable, the reasons for blacks' propensity toward high blood pressure are complex and far from clear. While some may be genetic in origin, many authorities place greater emphasis on differences in environment and lifestyle between African-Americans and other groups.

Researchers are focusing in particular on the underlying causes of the early onset of high blood pressure in blacks. Typically, says Elijah Saunders, M.D., head of the division of hypertension at the University of Maryland Hospital in Baltimore, elevated blood pressure occurs five to 10 years earlier in blacks than in whites.

"Indeed, among my patient population, it's not unusual to see young African-Americans in the 18- to 19-year age group and early 20s with significant high blood pressure," Saunders says. "This indicates that whatever is causing blacks to die earlier than whites, high blood pressure is a

major contributor to it."

Severe high blood pressure is also incredibly widespread among blacks in comparison to whites, Saunders adds. One hypertension detection follow-up program found diastolic blood pressure above 115 (the lower reading) in five times as many black men as white men, and seven times as many black women as white women. The AHA considers diastolic readings of 90 or greater high.

The cause of these differences is not yet known, but Saunders and others cite several possible reasons for these dangerous statistics:

(1) Obesity is a major problem among blacks — a problem of "almost epidemic proportions" in Saunders' words — especially among black women. By age 45, about 60 percent of black women are obese, and severe overweight is a definite contributor high blood pressure.

(2) While many Americans consume too much salt, blacks appear to have a greater degree

of sensitivity to salt as it relates to elevated blood pressure. This situation may be aggravated by a shortage of potassium in the typical black's diet.

(3) Psychological and economic stresses may also play an important role in the development of high blood pressure in blacks. Says Saunders: "Much that you might see in inner-city communities — poverty, lack of education, ghetto-type lifestyles, high crime rates — all these seem to be associated with high levels of blood pressure."

(4) Genetics also plays a role although much remains to be learned in this area. Saunders suggests that some type of interaction between genetics and environment could make blacks more predisposed to high blood pressure.

Interestingly enough, he

notes, blacks in Africa do not have nearly as high an incidence of hypertension as blacks in America, so the Western lifestyle and certain stresses associated with it may be more important than heredity.

(5) Blacks have important differences in kidney function compared to whites, associated to Christine Bastl, M.D., professor of medicine at Temple University Health Science Center in Philadelphia.

"These differences may be important in predisposing blacks to the development of hypertension," she says. The blood vessels in the kidney are more constricted and cause blacks to retain more salt than whites. African-Americans tend to retain salt, driving blood pressure up, even if they don't eat excessive amounts of salt.

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2316 W. Charleston, Ste 120
Las Vegas, NV 89102
(702) 258-8128



1703 Civic Center Drive
North Las Vegas, NV 89030
(702) 642-7952