

HEALTHWIRE

STRESS, CULTURE, AND HYPERTENSION

PART II

*By Malaika Brown
The Native American
Diet & Hypertension*

The Strong Heart Study, conducted by the Heart, Lung and Blood Institute, is the first to look specifically at Native Americans and heart disease. The soon to be published study looks at Native tribes in the Dakotas, Oklahoma and Arizona.

The study found that the Pima Indians in Arizona have the highest incidence of hypertension. Prevalence rates for Pima males are about 33% and only slightly lower for females. Tribes in the Oklahoma area, including the Apaches and Comanches, had a prevalence rate of about 32%, while the Sioux had much lower rates of about 17%.

Dr. Arvo Oopik, a cardiologist with the Indian Health Service, attributes hypertension among Native Americans to environmental stress, obesity, a high prevalence of diabetes (46%), smoking and limited health care access, particularly for Indians not living on reservations.

One theory is that the disruption of their traditional way of life led to dependence on govern-

ment feeding programs which did not adequately include the whole grains (corn, wheat), raw vegetables and starches that are a large part of traditional Native diets. At the same time, Native Americans experienced decreasing levels of exercise leading to a prevalence of obesity.

"One thing is if you look at the Native people that are part of our study," says Oopik, "they are large people." However, if you ask participants what they think of their obesity, there is a real cultural identification with large people. There isn't so much a recognition that [obesity] is harmful or abnormal."

What is encouraging, the study shows, is that American Indians have one of the highest hypertension awareness rates. Indians living on reservations are particularly well informed since prevention and education programs can more effectively saturate the population, Oopik says.

Asians: Prevention in a Diverse Community

"Hypertension is not a major problem, but it is one of the major diseases we pay attention to," said Dr. Mia Choe, program director for the Koryo Health Foundation in Los Angeles. Like His-

panics, hypertension affects some Asian populations more so than others, with Asian men suffering from the disease far more than Asian women.

A 1979 California study (the most recent work available) found that Filipinos have the highest prevalence rates at 30% for men and less than 7% for women. Japanese participants ranked second at 20% for men and less than 1% for women. Chinese immigrants ranked slightly lower for men at 13%, and markedly higher for women

at 7%.

Salty foods and tobacco use put Asians at risk for hypertension says Dr. Tien Bao, with the Asian Health project. Hindering prevention and treatment, he adds, are a lack of awareness and cultural deficiencies.

"Whenever we ask a patient 'do you know your blood pressure?' most of them say they don't know," said Bao. Additionally, "Asian people only see a doctor when they get sick."

A cultural characteristic that aids in treatment of hyperten-

sion among Asians, however, is a fear of poor health. "Asians' strong work-ethic demands that they remain in good health," Bao says.

Treatment

Treatment of hypertension is multi-faceted, but very successful. "Always number one is behavior modification," says Dr. Otelio S. Randall, a cardiologist at Howard University Hospital. "Lifestyle changes must include weight reduction (if obesity is a factor), reducing dietary salt and fat, quitting smoking and increas-

ing exercise."

There are also several hypertension medications that help control blood pressure. Most widely used are calcium channel blockers, which relax the arteries to decrease pressure, and alpha adrenergic blockers, which regulate adrenaline to keep the bodies response to stress to a minimum.

Diuretics work by ridding the body of excess liquid and salt, thus reducing the amount of fluid in the bloodstream. ACE inhibitors (See Healthwire, Page 26)

HEALTH

THE AIDS EPIDEMIC AND HEALTH CARE REFORM: WHICH PLANS HELP?

AIDS Action Council urged increased action on health care reform by the AIDS community when it recently released its analysis of the key reform proposals before Congress.

"For people with AIDS, the health care debate is not abstract," said AIDS Action Council board member Pedro Zamora, who is living with AIDS. "The plan that is ultimately passed by Congress and signed into law by President Clinton will affect me for the rest of my life. We will be working with AIDS activists around the country to oppose plans that are unacceptable and won't do the job."

"A reformed health care system is desperately needed and must meet the needs of all Americans," said Dan Bross, AIDS Action executive director. "The AIDS epidemic, more than any other public health crisis, has exposed the woeful inade-

quacies of our present so-called system. Our analysis shows that for people living with HIV/AIDS, only two of the plans currently being considered offer hope for meaningful health care reform: the plan outlined by President Clinton in the American Health Security Act and the single-payer plan offered by Senator Paul Wellstone (D-MN) and Rep. Jim McDermott (D-WA)."

AIDS Action Council measured the various health proposals against criteria developed in its "Health Care Reform Statement of Principles for People Living with HIV/AIDS."

The council is particularly concerned with the areas of: • universal coverage, • comprehensive benefits, • eliminating financial barriers to care, • consumer protection, and • retaining current public AIDS prevention and service programs like the Ryan White Comprehensive

AIDS Resources Emergency (CARE) Act.

AIDS Action weighed the plans of Clinton; McDermott/Wellstone; Senator John Chafee (R-RI); Representative Jim Cooper (D-TN); and Representative Bob Michel (R-IL). According to the analysis, plans such as that offered by Representatives Cooper and Grady fail to ensure affordable, universal

coverage.

AIDS Action Council, founded in 1984, is devoted to lobbying the federal government on AIDS policy, legislation and funding.

The council represents more than 1000 community-based AIDS service organizations. Its Health Care Reform Statement of Principles for People With HIV/AIDS is available to the public.

KEEPING YOUR PRESSURE DOWN

What is high blood pressure? Blood pressure is measured as the force of blood against the arterial walls. Hypertension occurs when the force of blood traveling through the arteries places too much pressure on the otherwise strong and elastic vessels.

Blood pressure readings are simple and painless and result in two numbers written like a fraction. Systolic pressure is the top number and is the amount of pressure placed on arteries when the heart pumps. The bottom number is diastolic pressure and measures pressure when the heart is at rest. A normal blood pressure reading is 120/80. Mild hypertension is when blood pressure readings are above 140/90. When the systolic and diastolic pressure readings are over 160 and 115 respectively, severe hypertension is diagnosed.

How can I tell if I have high blood pressure? You can't. High blood pressure often has no symptoms. The only way to know if you have the disease is to get tested by a physician, nurse or other health professional. The test takes only minutes.

Can high blood pressure cause other complications? If left untreated, high blood pressure can cause stroke, heart attack, kidney failure, and hardening of the arteries.

Can high blood pressure be cured? No, but it can be treated. For people with less severe hypertension, adopting a low salt, low fat and low cholesterol diet, losing weight, and exercising regularly may be enough to lower blood pressure level or bring it back to its normal level. However, for some, these lifestyle changes will not lower high blood pressure as much as it needs to be lowered. This is when medication may be necessary.

FOR MORE INFORMATION ABOUT HYPERTENSION WRITE OR CALL:

National Hypertension Association, 324 East 30th Street, New York, NY 10016, 212/889-3557.

American Heart Association (AHA), 7320 Greenville Avenue, Dallas, TX 75231, 214/373-6300. Check your directory for an AHA affiliate in your area.


National High Blood Pressure Education Program, National Heart, Lung and Blood Institute, P.O. Box 30105, Bethesda, MD 20824-0105, 301/251-1222.


Citizens for Public Action on Blood & Cholesterol, Inc., 7200 Wisconsin Avenue, Ste 1002, Bethesda, MD 20814 301/907-7790.

THE COST AND EFFECTS OF HIGH CHOLESTEROL

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