

## NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

**Submission Id:** 5947

### **Title**

*Primary Care Clinician Perspectives on Managing Hypertension in Black Patients: Lifestyle Changes and Shared Decision Making*

### **Priority 1 (Research Category)**

Hypertension

### **Presenters**

Aisha Langford, PhD, MPH, Jinping Xu, MD, MS, Nancy Buderer, MS

### **Abstract**

Context: Hypertension is a common condition seen by primary care clinicians and is more common in Black adults than other racial/ethnic groups.

Objective: Describe primary care clinicians' perspectives about managing hypertension in Black patients and assess the use of the 5 A's Behavior Change Model (Ask, Advise, Assess, Assist, and Arrange) and shared decision making (SDM) processes.

Study Design and Analysis: Cross-sectional study. Categorical factors are presented as frequency counts and percentages, and compared between groups using Chi-square or Fisher's Exact test. Continuous factors are presented as median and interquartile range, and compared between groups using Mann Whitney Wilcoxon tests. All p-values are two-tailed.

Setting: Two health care systems in New York City.

Population Studied: Primary care clinicians with prescribing privileges including physicians, physician assistants, and nurse practitioners (N=58).

Instrument: Self-administered survey.

Outcome measures: For the primary analysis, use of the 5'As with Black patients and correlates of interests. For the secondary analysis, engagement in a SDM process with Black patients and confidence to help with lifestyle changes as well as confidence in ability to manage patients' hypertension.

Results: Clinicians were mostly White (n=35, 61%), female (n=31, 54%), with a median age of 36 (IQR 33,41). When considering lifestyle changes, clinicians reported that reducing salt/sodium was the first strategy they discussed (36%). Although 96% of clinicians had heard of the Dietary Approaches to Stop Hypertension eating plan ("DASH Diet"), only 15% 'always' recommend it. Weight management was the most challenging lifestyle change for clinicians to discuss with patients (40%), followed by eating better (22%). Clinicians equally ranked the topics of quitting tobacco products (84%) and taking antihypertensive medications regularly (84%) as 'extremely important' for including in future patient education materials. The only factor that was significantly associated with the use of the 5 A's was frequency of engaging in a SDM process ( $p=0.02$ ). Secondly, engaging in a SDM process was significantly associated with clinicians' confidence to manage hypertension in Black patients ( $p=0.01$ ).

Conclusions: Clinician-focused interventions designed to improve SDM and access to lifestyle change supports for patients may enhance hypertension management for Black patients seen in primary care settings.

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