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Title

Black Adult Perspectives on Managing Hypertension with Lifestyle Changes Alone, Medication Alone, or Both Simultaneously

Priority 1 (Research Category)

Hypertension

Presenters

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Abstract

Context: Nearly half of all US adults have hypertension. It is more common in Black adults than other racial/ethnic groups.

Objective: Describe Black adults' preferences for managing hypertension.

Study Design and Analysis: Cross-sectional study. Descriptive statistics and chi-squared tests.

Setting: One health care system in New York City and ResearchMatch, a NIH-funded national volunteer registry of people interested in research studies.

Population Studied: Black adults 18 and over with hypertension (N=209).

Instrument: Self-administered online survey.

Outcome measures: Answers to the question, "What is your preferred way to manage your high blood pressure?" Response options were: 1) lifestyle changes alone, 2) medication alone, 3) both lifestyle change and medication at the same time. We explored associations between preferred management

and correlates of interest including health anxiety (i.e., persistent anxiety about one's current and future health).

Results: Patients were mostly female (56%), 4-year college graduates (79%), with a mean age of 44.7 (SD=14.7). Exactly 50% had heard of the DASH (Dietary Approaches to Stop Hypertension) eating plan and of those, 69% had tried it. There was an association between preferred management group and time since diagnosis (≤ 2 years vs. > 2 years). Patients who selected both lifestyle changes and medication were significantly more likely to be living with hypertension for more than two years (71.5%) compared to patients who selected lifestyle alone (37.9%, $p<0.001$) and compared to medication alone (46.7%, $p=0.008$). There were significant differences in the Health Anxiety Inventory (HAI) mean scores between the groups ($p=0.002$). The HAI mean score for the medication alone group was significantly higher than lifestyle alone (mean difference 6.9, 95% CI 2.2 to 11.5); lifestyle and medication together was higher than lifestyle alone (mean difference 4.3, 95% CI 0.7 to 7.9). There were also differences in the mean HAI score of patients by preferred role in decision making (patient-led, shared, doctor-led), $p=0.03$. Patients who selected doctor-led had significantly higher HAI mean scores than those who selected shared (mean difference 3.7, 95% CI 0.3, 7.1).

Conclusions: Time since diagnosis and health anxiety may affect preferences for hypertension management in Black patients.

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