

Hypertension among african americans



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Hypertension among African Americans? ? ? ? ? ? ? ? ? ? Hypertension strikes African Americans harder than non-minority populations and is a ? preliminary distress signal leading to debilitating events such as kidney failure and strokes. The threshold for high blood pressure is a reading of 140/90.

? The first number refers to the pressure at the moment when the pump chambers of the heart are squeezing. The second number refers to the moment when those chambers are refilling with blood.? According to statistics gathered by the Center for Disease Control from 1999 – 2002, about 43% of black women and 41% of black men had high blood pressure (Center for Disease Control, 2007). The seriously high rate of hypertension among African – Americans contributes to the high prevalence of stroke and kidney disease within this population. Without early detection, a black person is nearly twice as likely to have a stroke as a non minority.? Blacks often do not get treatment until their blood pressure has been high for so long that vital organs have been damaged. These pressure readings are among the highest rates for any ethnic group in the world.

? Black men and women have higher rates of diabetes than whites, but lower rates of high cholesterol. High blood pressure is one of the main culprits in the extraordinarily high stroke rate in blacks (Rumbach, 2007). High blood pressure facts: Women: All women White African American Mexican American (Center for Disease Control, 2005) | ? 30.

6%28. 5%43. 5%27. 9%| Men: All men White African American Mexican American | ? 28. 8%27. 6%40. 6%26.

8%|? ? ? ? ? ? ? ? ? ? ? ? Why are blacks more susceptible to high blood pressure Originally thought as genetic, new studies from Loyola University Stritch School of Medicine show that data collected internationally indicate that hypertension may have more to do with lifestyle than genetics. When comparing blood pressure readings of blacks among Nigeria, Jamaica, the United States, Canada, and Europe ? a wide variation is found. The people of African origins range from 14 to 44% for hypertension and whites range from 27 to 55%. Results also suggest that hypertension increases with industrialization (Cooper, 2005).? ? ? ? ? ? ? ? ? ? ? ? Nancy Krieger and Stephen Sidney of the Kaiser Foundation Research Institute studied the black population and attribute discrimination to hypertension. Holding in anger in both blacks and whites is associated with elevated blood pressure. Black professionals who responded to acts of discrimination with action reduced their elevated blood pressures.? The professionals who had access to resources that challenged the discrimination had lower blood pressures.

People??™s reaction to discrimination is rarely studied in relation to health (Cromie, 1996). Living in a constant climate of racism and pent up anger with seemingly few options increases blood pressure and subsequent organ damage.? ? ? ? ? ? ? ? ? ? ? ? High blood pressure can be difficult to control.? To be successful the patient and physician must work together to find the right combination of drugs that keep the blood pressure down with minimal side effects.? Evidence shows that blacks respond differently to blood pressure medications and are more sensitive to sodium.

The International Society on Hypertension in Blacks (ISHIB) advocates the Dash diet, or a dietary approach to stop hypertension diet, which includes <https://assignbuster.com/hypertension-among-african-americans-2/>

fruits, vegetables, fiber and low-fat dairy foods, meats and poultry. Salt substitutes or salt free seasonings are encouraged (Stein, 2006).

Socioeconomic factors show that blacks have a higher rate of obesity, eat a diet high in sodium and low in potassium, and experience societal stress. Some risk factors can be controlled by changing lifestyle habits. Smoking, high blood cholesterol, inactivity, obesity, and diabetes contribute to high blood pressure and strokes. (??? Diseases in black women,??? 2007).

Patients should be counseled on reducing salt intake, reducing alcohol consumption, exercising regularly, and losing weight. In the low economic groups of blacks additional complications for patients are: not insisting on a specialist referral from their doctor, having access to fresh fruits and vegetables in the neighborhood, and a fear of exercising outdoors in a crime ridden neighborhood (Mayo Clinic, 2005). For patients to be able to change their lifestyle, the patient needs better options and education on how to get there. Getting the information to patients on what programs are available to them is important and vital to early prevention and

detection. Current treatment strategies have failed African-Americans, new treatment guidelines have been developed. The new guidelines urge practitioners to treat hypertension aggressively by making a blood pressure reading of 130/80 the target, replacing the standard reading of 140/90. Obesity, diabetes, and heart disease should also be aggressively treated. Recommendations call for prescribing the combination of two blood pressure lowering drugs.

Medication for slowing the progression of kidney disease in diabetic patients should be prescribed without hesitation, the earlier treatment begins the

better the outcome. Medications are used in tandem with exercise, diet, decreased alcohol and tobacco consumption (Archives of internal medicine, 2003). The Central Florida Pharmacy council has sponsored the Annual African American men's health summit since 1996 in Orlando, Florida. The mission is to improve the health and wellness of African Americans and minorities through the presentation of health education programs that are scheduled all day long. The motto is It's TIME for Brothers to: Take control of your health, Invest in creating a healthier you, Make a commitment to wellness, and Energize you mind, body and spirit. Here visitors can participate in workshops, health screenings and demonstrations.

At this summit, visitors can have their blood pressure checked, have a glucose reading, have a prostate exam, and gather information on preventing disease. Informational booths on various health issues, cooking demonstrations, and lectures on health are scheduled by community African American leaders to educate the community (Central Florida Pharmacy, 2008). Nurses must be aware that not all patients respond alike and hypertension among the black population falls under new guidelines. The combination of medications, lab values, glucose readings, and the blood pressure readings for black patients must be considered under a separate protocol than non-minority patients. Early prevention and treatment are imperative to prolonged wellness and eliminating organ damage and failure. Nurses must be available to educate their patient during the assessment and while interacting with them. I work in surgery and see a great deal of African-Americans come in for hemodialysis catheters, fistulas, and grafts.

? In surgery, we see a steady progression of deteriorating health. Undiagnosed hypertension leads to stroke, organ failure, catheters, hemodialysis, peripheral vascular disease, amputations, blindness, uncontrollable diabetes, pain, infections, longterm care, hospice, and death.? When every member of the surgical team is familiar with the patient that is not a good sign. High blood pressure does not work alone in damaging the body. A high sodium diet contributes to hypertension, lack of exercise leads to obesity, obesity leads to diabetes. ? ? ? ? ? ? ? ? ? ? As a nurse watching patients steadily degrade is devastating. Prior to researching this essay paper, I believed African ??“ Americans were genetically disposed to hypertension and were guilty of enjoying an ethnically traditional diet that was high in calories and sodium.

Our country is facing an epidemic of obesity and diabetes in all populations. In researching hypertension among minorities I have learned how racial discrimination and poverty are contributing factors. A wellness campaign must be led by the healthcare industry to educate minorities on hypertension, weight control, sodium intake, exercise, and programs available in the community to help control this disease.? ? ? ? ? ? ? ? ? ? African ??“ Americans are faced with a crisis called hypertension. Education among minorities to prevent organ damage from hypertension is making progress throughout the country. Low socioeconomic groups must be contacted by local affiliations to prevent a damaging event such as stroke and kidney failure. An ounce of prevention equals a pound of cure, with all healthcare professionals communicating with the population, our patients will live longer, healthier lives.? ? ? ? ? ? ? ? ? ? ?