

Climbing the social ladder seems to lessen high blood pressure risk

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Social mobility - upwards - seems to curb the risk of developing high blood pressure among those born on the lower rungs of the ladder, suggests research published online in the *Journal of Epidemiology and Community Health*.

Being born into poor or [disadvantaged backgrounds](#) has been linked with an increased risk of [high blood pressure](#), which is a known contributory factor to an increased [risk of heart disease](#) and stroke.

The authors wanted to see if that risk was affected by climbing up the social ladder across generations.

They used data from the Swedish Twin Registry to track adult and parental socioeconomic status among 12,000 same sex twins born between 1926 and 1958. This entailed a postal survey in 1973 on health and lifestyle and a telephone interview conducted between 1998 and 2002 as part of the Screening Across the Lifespan Study (SALT).

Questions included any treatment for high blood pressure, and parental occupations were obtained from birth records, which routinely contain this type of information.

Rates of high blood pressure were higher both among adults in low [socioeconomic groups](#) and among those whose parents were in one of these groups. Blood pressure rates were also higher among those who had been of a low weight at birth and those who weighed more, were of

short stature, and who drank more.

Overall, low socioeconomic status was associated with a 42% increased risk of high blood pressure. Among adults, only women of low socioeconomic status were at greater risk.

But compared with those who stayed on the lower rungs of the social ladder across two generations, the upwardly mobile enjoyed an almost 20% reduction in their risk of high blood pressure. And those who fell further down the social ladder were at increased risk compared with those whose [social mobility](#) remained constant on the upper rungs.

The findings held true, irrespective of other familial factors, prompting the authors to conclude that the risk of high blood pressure associated with being born into a deprived background can be modified by social status in later life.

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