

Modified DASH intervention feasible for African-Americans

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(HealthDay)—For African-Americans in an under-resourced community, use of a modified Dietary Approaches to Stop Hypertension (DASH)-intervention is feasible, according to a study published online Jan. 10 in the U.S. Centers for Disease Control and Prevention's *Preventing Chronic Disease*.

Melicia C. Whitt-Glover, Ph.D., from the Gramercy Research Group in Winston-Salem, N.C., and colleagues examined the feasibility of using a culturally modified version of DASH among African-Americans in two North Carolina communities. Participants with high blood pressure who used fewer than three antihypertensive medications were recruited, and of 152 potential participants, 14 were randomized to the intervention

(two individual and nine group DASH sessions) and 11 to the [control group](#) (one individual session and printed DASH educational materials). Data were collected at baseline and at 12 weeks.

The researchers found that, at baseline, mean blood pressure was 130/78 mm Hg and 19 participants used antihypertensive medications. On average, intervention participants attended seven of nine group sessions. Compared with [control participants](#), for intervention participants, there were significant increases in fruit and vegetables consumption after 12 weeks, and increases in the participants' confidence in being able to eat healthier snacks and to reduce salt and fat consumption. Blood pressure did not decrease significantly.

"Implementation of a culturally modified, community-based DASH intervention was feasible in our small sample of African-Americans, which included people being treated for [high blood pressure](#)," the authors write. "Future studies should evaluate the long-term effect of this program in a larger sample."

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