

Study points out inequalities in prescribing blood pressure meds

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Primary care doctors are not quick to prescribe antihypertensive medication to young people even after an average of 20 months of high blood pressure. Young adults who are white, male, not on Medicaid and not frequent clinic visitors are especially less likely to receive medication. These are the results of a study by a research team at the University of Wisconsin School of Medicine and Public Health in the United States led by Heather Johnson. It appears in the *Journal of General Internal Medicine*.

One in every 10 Americans between the ages of 18 and 39 years old suffers from hypertension. Previous research has shown that young

adults with hypertension are less likely to receive [blood pressure medication](#) than middle-aged and older adults because of lack of healthcare access. Because hypertension in young adulthood increases the risk of future cardiovascular events, medical treatment is advised if a patient's blood pressure isn't lowered through lifestyle modifications. Previous studies have also shown that medication can help control hypertension among young adults better and faster than is the case for older adults.

Johnson's team set about comparing rates and predictors of when young, middle-aged and older adults who make regular [primary care](#) visits are put onto antihypertensive medication. They analyzed the records of more than 10,000 adults older than 18 years who visited a large, Midwestern practice from 2008 to 2011.

They found that doctors were 44 percent slower in starting young adults (between the ages of 18 and 39 years old) on hypertension medication than they were for people aged 60 years and older. Males had a 36 percent slower rate of first receiving antihypertensive medication than women, while white patients were also less likely to receive such treatment. The research team believes the latter may be the case because of primary care providers who are responding to the known increased risk of comorbidities with hypertension among minorities, especially African-Americans. Patients with diabetes across all ages were started on relevant treatment 56 percent faster than others.

Johnson calls on guideline-based treatment for all ethnic groups and genders, and for the need to improve hypertension control in young adults. Such interventions should address both bio-behavioral risk factors for hypertension (such as body mass index, exercise and tobacco use) and, when indicated, the initiation of antihypertensive medication.

"Even with regular primary care contact and continued elevated blood

pressure, young adults had slower rates of antihypertensive medication initiation than middle-aged and [older adults](#)," said Johnson. "In the young adult group, males, patients with mild hypertension, and white patients had a slower rate of medication initiation, while [young adults](#) with Medicaid and more clinic visits had faster rates. Lifestyle modification is the cornerstone of [hypertension](#) treatment. Young adults need focused [blood pressure](#) visits to monitor lifestyle changes and when necessary, intensify treatment."

More information: Johnson, H.M. et al (2014). Antihypertensive Medication Initiation Among Young Adults with Regular Primary Care Use, *Journal of General Internal Medicine*. [DOI: 10.1007/s11606-014-2790-4](#)

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