

# Financial stress linked to heart disease risk among African Americans

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Coronary heart disease (CHD) is the leading cause of death in the U.S., and African Americans are disproportionately affected. Prior studies have investigated how limited access to material resources due to financial hardship may influence health, but the association between that stress caused by financial hardship and coronary heart disease in African Americans has not previously been examined.

In a new study which examined data from 2,256 participants of the Jackson Heart Study, a longitudinal cohort study of cardiovascular disease risks in African-American men and women living in the Jackson, Miss., area, researchers examined the association between the psychological stress of [financial hardship](#) and CHD in this population and found that African Americans who experienced moderate to high financial stress had an increased risk of developing [heart disease](#) compared to those who did not report such stress.

The study authors concluded that the psychological toll of financial hardship may influence the development of [heart](#) disease in combination with stress-related behaviors, [health conditions](#) and emotions that contribute to heart disease. Results are published online January 17 in the *American Journal of Preventive Medicine*.

"Stress is known to contribute to disease risk, but the data from our study suggest a possible relationship between financial stress and heart disease that clinicians should be aware of as we research and develop interventions to address social determinants of health disparities," said

senior author Cheryl Clark, MD, ScD, a hospitalist and researcher in the Division of General Medicine and Primary Care at Brigham and Women's Hospital, where she is also the director of Health Equity Research and Intervention in the Center for Community Health and Health Equity.

Researchers analyzed data from 2000 to 2012 from participants who did not have evidence of heart disease at the beginning of the study. Participants were asked to rate the stress they experienced in several areas, including financial hardship, such as having problems paying bills or running out of pocket money. Participants rated the severity of each experience of stress due to finances on a 7-point scale, which the researchers then used to categorize the total level of stress due to finances participants reported at the onset of the study.

Researchers simultaneously analyzed other participant characteristics and behaviors thought to lead to heart disease, including their physical activity and smoking behavior; the presence of chronic conditions including hypertension, high cholesterol, diabetes, and depression; whether participants had access to health care; and social issues such as education and income. After considering each of these factors, it was found that African-American men and women who experienced moderate-to-high financial stress had almost three times the risk of heart disease events—including heart attacks and procedures to investigate or treat heart disease—than those who did not experience financial stress. Individuals with mild financial stress had nearly two times the risk of developing heart disease than those unaffected by stress. The combination of three key factors—depression, smoking, and diabetes—appeared to explain some of the connection between financial stress and heart disease risk.

The study was limited to drawing associations in the data and did not prove a causal connection between stress and heart disease risk. The

authors were also not able to determine whether short-term or long-term exposures to stress were enough to raise heart disease risk. Importantly, the findings were limited to those who were willing to report their stress to researchers.

Still, researchers conclude the results should prompt deeper investigation into the role of economic stress on disease risk and encourage policies to reduce these stressors.

"The information from this study covered experiences men and women had during the recession of 2007 and beyond," Clark said. "As we think about policies to prevent heart disease, we need to know a lot more about how economic volatility and financial stress may be connected to heart disease so that we can prevent unnecessary [stress](#) that may affect heart health."

Provided by Brigham and Women's Hospital

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