

Digital tools can help with better management of hypertension for populations experiencing health disparities

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A new study finds that digital health interventions can help reduce blood pressure when used in populations experiencing health disparities. The

paper, "Digital Health Interventions for Hypertension Management in US Populations Experiencing Health Disparities," was [published](#) on February 14 in *JAMA Network Open*.

Nearly half of all adults in the United States have hypertension, one of the leading risk factors for cardiovascular disease, and only about a quarter (24%) of those people have their hypertension under control. Studies show that there are racial, ethnic, and socioeconomic disparities in the awareness and treatment of hypertension.

"We know that patients from groups traditionally underserved by medicine have a disproportionately higher burden of hypertension and higher rates of mortality associated with [cardiovascular disease](#)," said senior author Erica Spatz, MD, MHS, associate professor of medicine (cardiovascular medicine), Yale School of Medicine, and epidemiology (chronic diseases), Yale School of Public Health. "The study findings build on evidence that digital health interventions can meaningfully improve outcomes for patients, including those from underserved communities."

The study team first conducted a systematic search of the literature to identify relevant articles that investigated digital health interventions for managing hypertension in adults and presented a change in [systolic blood pressure](#). To be included in this meta-analysis, studies must have included either a clear emphasis on social determinants of health and/or [health disparities](#) or digital health intervention strategies that were culturally and/or linguistically tailored to the populations they were meant to serve. The meta-analysis included a total of 28 studies, representing 8,257 patients.

The [meta-analysis](#) found clinically significant reductions in systolic [blood pressure](#) after six and 12 months for individuals who received a digital health intervention compared to those in a control group.

"If we want to make a meaningful difference in reducing health inequities, we need to look for new ways to support patients to manage common conditions like hypertension," Spatz said. "This study tells us that digital health interventions should be part of our toolbox to help control hypertension. We need to continue to adapt and personalize digital health interventions to meet the needs of all patients from all backgrounds."

More information: Miriam E. Katz et al, Digital Health Interventions for Hypertension Management in US Populations Experiencing Health Disparities, *JAMA Network Open* (2024). [DOI: 10.1001/jamanetworkopen.2023.56070](https://doi.org/10.1001/jamanetworkopen.2023.56070)

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