



NEWS RELEASE
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**LANDMARK GUIDELINES RAISE BAR FOR TREATMENT OF AFRICAN AMERICANS WITH
HIGH BLOOD PRESSURE**

*First-Ever Recommendations Address Major Killer of Black People; Urge Doctors to Use New
Rules in Blood Pressure Management*

March 10, 2003 – Atlanta, Ga. The International Society on Hypertension in Blacks (ISHIB) and the nation's leading medical experts have developed the first-ever guidelines for treating high blood pressure in African Americans. The recommendations, "Management of High Blood Pressure in African Americans" were published in the March 10 edition of the *Archives of Internal Medicine*. African Americans are significantly more likely to die of high blood pressure than the general public because current treatment strategies have primarily been unsuccessful. The recommendations urge health care providers to manage high blood pressure in Blacks in three new ways:

- ISHIB advises that many African Americans will need to start on at least two medications in order to successfully lower their blood pressure
- ISHIB recommends a lower blood pressure target of 130/80 mm Hg for African Americans with high blood pressure and other conditions like heart disease, kidney disorders or diabetes
- ISHIB suggests that African Americans with diabetes should receive medications that have been shown to slow the progression of kidney disease such as ACE inhibitors or angiotensin II receptor blockers (ARBs), as part of their combination of medications

"On average, one African American dies from high blood pressure every hour, yet barely a quarter of hypertensive African Americans has the disease under control," said John Flack, M.D., president of ISHIB and chief quality officer at Wayne State University in Detroit, Mich. "ISHIB developed these recommendations – with the participation of the nation's most prominent high blood pressure experts – to give health care providers the tools to manage high blood pressure appropriately in African Americans and save lives."

The recommendations are endorsed by some of the nation's leading health organizations: the American Heart Association, the Association of Black Cardiologists, the Consortium for Southeastern Hypertension Control and the National Medical Association.

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ISHIB Urges Lower Blood Pressure Goal For Most African American Patients

Nearly 40 percent of African Americans suffer from heart disease and 13 percent have diabetes. Thirty-two percent of people on dialysis due to kidney failure are African American. Because high blood pressure contributes to all of these conditions or makes them worse, ISHIB is urging health care providers to act more aggressively to lower the blood pressure of patients with these disorders – especially those with diabetes and/or kidney disease – to less than 130/80 mm Hg. This is a significant change from the previous standard of 140/90 mm Hg (for most patients) and 130/85 mmHg (for those with diabetes) recommended in 1997 by the federal government.

For Most, One Medication Is Not Enough; Use The “15 Over 10” Rule

Numerous clinical studies, including the recently completed Antihypertensive and Lipid-Lowering Treatment to Prevent Heart Attack Trial (ALLHAT), demonstrate that many African American patients will require two or more medications to reach target blood pressure goals and reduce their risk of heart attacks, strokes and kidney disease.

ISHIB recommends that health care providers and patients follow the “15 over 10 rule.” This means that any patient with a systolic (upper number) blood pressure greater than or equal to 15 mm Hg and a diastolic (lower number) blood pressure greater than or equal to 10 mm Hg above the desired goal should start on two medications instead of one. For example, a patient (without diabetes, kidney or heart disease) whose target is less than 140/90 mm Hg, but who has a blood pressure of 155/100 mm Hg or greater, would be a candidate for combination therapy.

When more than one medication is required, ISHIB recommends that physicians use low doses of high blood pressure medications from two different classes. Combinations of commonly prescribed medications might include: ACE inhibitors; ARBs; calcium channel blockers (CCBs); or diuretics (water pills). ACE inhibitors and ARBs are recommended for patients with diabetes or kidney disease.

ISHIB Emphasizes Lifestyle Modifications, Recommends DASH Diet

ISHIB recommends health care providers urge their patients to engage regularly in appropriate exercise, moderate their alcohol intake and avoid tobacco. In addition, ISHIB has endorsed the Dietary Approaches to Stop Hypertension (DASH) diet. In carefully conducted clinical studies, this diet was shown to lower blood pressure significantly, especially in African Americans. The DASH diet is rich in fruits, vegetables and fiber. It also emphasizes the consumption of low-fat dairy foods, meat and poultry.

“For too long, African Americans have not received appropriate treatment for their high blood pressure because of a lack of knowledge about medications, diet and other factors,” said Elijah Saunders, M.D., a founder of ISHIB and head of the division of hypertension at the University of Maryland Medical Center in Baltimore, Md. “ISHIB’s guidance is clear: assess patients’ risk for heart and kidney disease, follow the DASH diet and prescribe a combination of medications to get to the recommended blood pressure level. Our hope is that these recommendations will help health care providers save the lives of thousands of African Americans with high blood pressure.”

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The paper was written by a panel of high blood pressure experts that was convened by ISHIB in July 2001. The authors of the paper are:

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For more information about African American hypertension, please contact ISHIB at 404.880.0343 or visit www.ishib.org.

ISHIB is a unique, not-for-profit, professional, medical membership society whose mission is to improve the health and life expectancy of ethnic populations around the world. Its organizational scope includes diabetes, lipid disorders, kidney disease and related cardiovascular conditions.

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