

Introduction

Hypertension is a common medical disorder affecting approximately 60 million Americans,¹ of whom 35 million are Hispanic. Hypertension is a risk factor for coronary artery disease, heart attack, stroke, kidney disease, and congestive heart failure. More than 1 million Americans die each year from the direct or indirect effects of hypertension.² Worldwide hypertension causes up to 7.1 million premature deaths.³

Especially vulnerable are minority populations. Despite the demonstrated benefit of treating the condition, multiple sources of data indicate that hypertension among Hispanic subpopulations remains inadequately controlled.⁴⁻⁶ Cardiovascular disease disproportionately affects minority populations, in part because of multiple sociocultural factors that directly affect compliance with antihypertensive medication regimens. Hispanics have a higher prevalence of diabetes than non-Hispanic whites and are often unaware that they are hypertensive. Two million or 8.2% of all Hispanic Americans aged 20 years or older have diabetes.⁷ The diabetes morbidity and mortality rates for Latino Americans are almost 30% higher than those for white Americans.⁸ Given these statistics, it is imperative that Hispanics with hypertension reduce their risk for complications by becoming educated about their disease.

In the fall of 2003, more than a dozen physicians met to discuss the problem of hypertension in the Hispanic population. The Hypertension Hispanic Latino US Advisory Group (SALUD)* was created in order to bring together experienced Hispanic physicians representing different regions of the United States. Their goal was to identify differences in awareness, educational language, and cultural practice patterns that lead to the undertreatment of hypertension in the Hispanic community. The group convened twice more to discuss the unique problems associated with awareness, compliance, and education of hypertension and diabetes in minorities. This issue of *Clinical Cornerstone* is a result of their discussions.

Throughout the issue, both *Latino* and *Hispanic* have been used to describe the patient population. There has been no intent to organize the entire Hispanic/Latino population into one all-encompassing

racial-ethnic-linguistic category. Rather, we hope to recognize the ethnic and racial diversity of the largest minority group in the United States, numbering 32.8 million persons. Those who prefer to be called *Hispanics* say their term recognizes the common language and Spanish roots that most Latino Americans share. Latinos say their term recognizes their multi-ethnic and multiracial background.⁹ In this issue, the authors have used the terms of their choice.

The first article focuses on awareness of hypertension and diabetes in the Hispanic population. Hispanics have a higher prevalence of diabetes than non-Hispanic whites and are often unaware that they are hypertensive. They are at a greater risk of stroke. The article discusses the importance of screening Hispanic patients for diabetes and reviews the major barriers to awareness and control of hypertension in the Hispanic population such as: poor comprehension of language, poor physician communication skills, cultural differences, poor patient literacy, and lack of health care coverage.

The second article by Joseph R. Betancourt, MD, et al, presents a multifaceted approach that addresses barriers to health promotion and disease prevention in Latinos. By improving the quality of care delivered to this population, racial and ethnic disparities in health care may be eliminated.

Maria L. Soto-Greene, MD, et al, focus on patient-specific and physician-specific barriers that contribute to underdiagnosis and undertreatment of hypertension, as well as access issues and poor adherence to therapy in Hispanic populations.

The Hispanic population in the United States comprises different and distinct cultures and genetic backgrounds. David S. Kountz, MD, FACP, discusses Mexican Americans and tailoring the treatment of hypertension in ethnic populations. Mexican Americans have lower levels of awareness of hypertension, and fewer of them demonstrate adequate control of blood pressure compared with non-Hispanic blacks and whites. Mexican Americans have a higher prevalence of cardiovascular risk factors other than hypertension, such as hypercholesterolemia, altered glucose metabolism,

type 2 diabetes mellitus, and obesity (the metabolic syndrome).

The level of awareness and control of hypertension among Latino Americans has remained virtually unchanged in the past 20 years. One of the significant complications of untreated hypertension is progression to higher risk levels. Eliseo J. Perez-Stable, MD, and Rene Salazar, MD, discuss simple, cost-effective medication regimens that can help to control hypertension as well as ways to increase compliance. They urge physicians to develop a basic understanding of the social, demographic, and historical conditions that affect Latino Americans in order to create culturally competent health care programs.

The next article by Carl J. Pepine, MD, discusses effective physician-patient communication which is crucial to patient compliance, satisfaction, and understanding of medical issues. Physicians and health care providers need to develop “cultural competence” skills to achieve effective health education and good treatment outcomes in this patient population.

The last article is a compilation of cultural case studies written by members of SALUD.* The case presentations begin to identify the challenges and issues that are involved in the treatment of hypertension in Hispanics.

Treatment of hypertension in Hispanics should include patient-specific issues such as cultural and language barriers. These specific issues should be balanced with pharmacotherapy and lifestyle modi-

fications to achieve positive clinical outcomes in hypertension treatment. Physicians and health care providers should be aware of cross-cultural tools that can improve the quality of care delivered to Hispanics and other ethnic and racial populations. Dr. Soto-Greene states that, “Every encounter is a cross-cultural encounter,” and urges physicians to seek the knowledge, attitudes, skills, and behaviors required to care for our increasingly diverse society.

Juan M. Aranda, Jr, MD, FACC
Guest Editor

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