Prevalence, Treatment and Control of Hypertension in a Sample of Non-Mexican Hispanics in Miami

Maria A. Canossa-Terris, Mary Comerford, Connie Ingram, Paul Kurlansky, Florida Heart Research Institute, Miami, FL

Background. According to US Census estimates, there were 16.7 million non-Mexican Hispanics in the US (2009) comprising 5.31% of the nation’s population. Population based surveys on the prevalence and control of hypertension in Hispanics, such as NAHNES, have systematically studied Mexican Americans but not other Hispanic subpopulations.

Methods. Between 1998 and 2010, Florida Heart Research Institute (FHRI) provided free cardiovascular screenings to 6768 members of the community; of those 4902 were non-Mexican Hispanic adults (3112 were women and 1790 were men). Hypertension was defined using JNC7 guidelines. Prevalence was determined using standard epidemiological techniques. 95% Confidence Intervals were calculated.

Results. The prevalence of hypertension in this sample was 24.2% (CI 23.8, 25.2); increasing with age, from 5.9 % (CI 4.52, 7.28) of individuals < 40 years to 25.8% (CI 24.3, 27.3) of those 40-64 to 53.0% (CI 48.7, 57.2) of those 65 or older.

Among the hypertensives, 54.3% (CI 51.1, 56.8) were receiving pharmacologic treatment and only 29.0% (CI 26.5, 31.6) had their blood pressure controlled.

Men (26.8%; CI 24.9, 29.1) were more likely to be hypertensive than women (22.8%; CI 21.5, 24.5) but a higher percentage of hypertensive women received treatment than did men (59.7% CI 56.1, 63.7 vs. 46.3%; CI 43.0, 49.6) and women were more likely to have their hypertension controlled than men (33.9%; CI 30.4, 37.4 vs. 21.9%; CI 18.2, 25.6).

Those with medical insurance were more likely to be hypertensive (29.2%; CI 24.6, 33.7) than those without (23.8%; CI 22.5, 25.1), but insured hypertensives were more likely to be controlled (43.4%; CI 34.2, 52.5) than the uninsured (27.5%; CI 24.9, 30.2).

Conclusions. Hypertension is prevalent in this Miami Hispanic population. Blood pressure treatment and control in this population is far from adequate. The lack of health insurance appears to exacerbate the problem. Other factors such as poor patient compliance with medications and healthy lifestyles, the social milieu in which they occur, and inadequate physician adherence to hypertension guidelines may contribute to the lack of control, but these were not examined here.