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Abstract

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Project Title: COMPREHENSIVE HIGH BLOOD PRESSURE CARE IN YOUNG URBAN BL

Abstract: *DESCRIPTION: The main long term goal of this study is to improve the health care and health outcomes of young, hypertensive black men, the age-sex-race group which suffers disproportionately from premature high blood pressure (HBP) related morbidity and mortality. In an ongoing 24 month clinical trial, we have enrolled 309 black inner city hypertensive men, 21-54 years of age. They have been randomized to two parallel arms to test the effectiveness of an educational, behavioral and pharmacological HBP control program, provided by a nurse practitioner (NP)-community health worker (CHW)-physician (MD) team (special intervention-SI), compared to usual medical care (UC). We have examined cardiovascular and renal abnormalities associated with HBP and identified barriers to HBP care and control. Preliminary results indicated that we have high rates of tracking and follow up (86% unadjusted; 97% adjusted) and have lowered both systolic and diastolic BP (DBP) in the SI group and DBP in the UC group. Over the first 12 months in the men (n=248) seen to date, BP changed from 146 to 136/99 to 90 mm Hg in the SI group and 145 to 144/98 to 94 mm Hg in the UC group. The primary objective of this continuation proposal is to extend the trial for 36 additional months to maintain and further lower BP, and to reduce cardiovascular complications associated with HBP, such as left ventricular hypertrophy, diastolic and systolic dysfunction, central vascular stiffness, and renal impairment. We will also integrate ancillary studies of newly discovered genetic polymorphisms and their relationships to cardiac, arterial and renal structure and function as well as response to HBP treatment. We plan to build upon our innovative model, which integrates, basic, clinical and behavioral sciences with sound research principles and methodology. Our ongoing intervention includes educational*

counseling and treatment sessions with an NP-MD team (using an angiotensin receptor +/- diuretic), and telephone follow-up and 3 home visits by a CHW with the man and family members/friends who provide social support. In addition, we will document the cost of delivering the SI, an important step toward planning for cost-effectiveness and cost-utility analysis of the intervention. This study is significant because it: 1) is the only randomized longitudinal study we are aware of that specifically targets the understudied, vulnerable, population of black men who are at disproportionately high risk of the adverse consequences of uncontrolled HBP, 2) extends the care and evaluation of a well characterized cohort of young hypertensive black men, 3) builds upon innovative multidisciplinary intervention strategies and biologic science techniques over a total of five years, 4) it integrates ancillary studies of genetic risk factors and cost, and 5) it has the potential for impact through future generalizability and sustainability of effective strategies.

Thesaurus Terms:

African American, comprehensive care, health care service evaluation, human therapy evaluation, hypertension, male, urban poverty area, young adult human (19-34) blood pressure, cardiovascular disorder chemotherapy, cardiovascular disorder education, clinical trial, family genetics, health care cost /financing, home health care, longitudinal human study, medical outreach /case finding, nursing intervention, outcomes research, therapy compliance behavioral /social science research tag, clinical research, health services research tag, human middle age (35-64), human subject

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