"Medicine is a social science, and politics is nothing else but medicine on a large scale". by Dr Virchow
The new data, released in the Morbidity and Mortality Weekly Report, shows some disturbing racial and ethnic disparities. The increase in death rates from Alzheimer’s for African Americans was 99 percent; for Hispanics, 107 percent; and for Asian/Pacific Islanders, 151 percent. By comparison, the rate increase for whites was 54 percent.

By Ariana Eunjung Cha

https://www.washingtonpost.com/people/ariana-eunjung-cha/
Leaving segregated neighborhoods decreases blood pressure.
TOM LEE MEMORIAL
A VERY WORTHY NEGRO
TOM LEE WITH HIS BOAT "ZEV"
SAVED THIRTY-TWO LIVES WHEN THE
STEAMER U.S. NORMAN SANK ABOUT
MEMPHIS MARTYRS

In August, 1878, fear of death caused a panic during which 30,000 of 50,000 Memphians fled this bluff city. By October, the epidemic of yellow fever killed 4,204 of 6,000 Caucasians and 946 of 14,000 Negroes who stayed. With some outside help, citizens of all races and walks of life, recognizing their common plight in this devastated, bankrupt community, tended 17,600 sick and buried the dead. As a result many of them lost their lives, becoming martyrs in their service to mankind.
Hello, good

The Rev. Jeff Ambroisie, S.J., the Campus Pastor for the past three years, will be leaving by the end of the year. He will serve the community of Peace Point at the University of Pennsylvania. Jeff had been an integral element in the community and will be greatly missed.

The new campus minister, Rev. James Bly, Ph.D., who arrived last week, is

DEAN Kleinhaus accepts Xavier Auxiliary’s generous annual gift from President Thelma Robinet.

course. The Gospel Choir is hoping to purchase 50 choir robes, but needs your support. Send donations to: Office of Campus Ministry, Choir Robe Campaign.

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Underserved
Not engaged
Not empowered
Personalized program controlled BP in black patients

BY MICHELE G. SULLIVAN
AT THE INTERNATIONAL STROKE CONFERENCE

HOUSTON – A personalized lifestyle coaching program focused on healthy eating increased blood pressure control by 7%, compared with usual care, among black patients with persistent hypertension.

A year after the program was instituted, the rate of blood pressure control was 69% in the intervention group, compared with 62% in the group that had the usual care offered to hypertensive patients, Mai Nguyen-Huynt, MD, said at the American Heart Association's International Stroke Conference sponsored by the American Heart Association.

But exactly how the lifestyle intervention achieved its goal is still a bit of a mystery, said Dr. Nguyen-Huynt.

The program focused on teaching patients and their families to make better dietary choices, keeping food selection and preparation in line with the American Heart Association's Dietary Approaches to Stop Hypertension (DASH) eating plan.

The counseling offered a special focus on reducing sodium, but during discussions about the program, patients denied consciously reducing salt intake. And a voluntary 24-hour urine sodium measure didn’t show any changes, supporting their claim.

Still, the intervention worked, said Dr. Nguyen-Huynt, a vascular neurologist with the Kaiser Permanente Northern California Division of Research. More analyses will follow to try to tease out just how.

Kaiser Permanente of Northern California was already in a fairly good place with blood pressure control in 2012, when researchers first started considering the project, she said. That was directly related to a system-wide intensification of hypertension identification and treatment, implemented in the early 2000s. The company started a hypertension registry, added free blood pressure checks for all members, and promoted single-pill combination therapy. For patients with persistent hypertension, the company added free hypertension consultations with pharmacists and primary care providers.

By 2012, 85% of its enrollees had blood pressure control, classified as below 140/90 mm Hg. But for at least a decade, Black participants had been lagging whites in that regard. And despite these intensified, group-wide efforts to target hypertension, a 5% gap in hypertension control among blacks paralleled rates among whites (80%-85% vs. 85%-90% over 10 years).

“Even with equal utilization and access to care, we continued to see this clear disparity in blacks vs. whites,” Dr. Nguyen-Huynt said. The “Shake, Rattle, and Roll” blood pressure control trial involved an effort to identify a treatment paradigm that could reduce this disparity by 4% within 1 year. The program monitor describes its three goals:

• “Shake” the salt habit.
• “Rattle” the intensity of the existing blood pressure control protocol.
• “Roll” out the results and incorporate into clinical practice.

The study was organized into three arms. Usual care was Kaiser’s typical intensified hypertension management. Participants filled out health and diet questionnaires and could voluntarily undergo a 24-hour urine sodium test.

The enhanced monitoring arm consisted of usual care, plus an in-person session with a nurse to discuss resources and possible barriers to treatment; regular blood pressure checks; intensification of pharmacotherapy, focusing on thiazides; and the addition of spironolactone for patients who had persistent hypertension despite being on three or more medications.

The lifestyle intervention arm consisted of usual care plus personalized coaching, both on the phone and in person. Participants could have up to 16 phone sessions with a specially trained counselor, with the option of bimonthly in-person group sessions.

These were accompanied by a workbook that emphasized healthy eating, from meal planning to shopping and cooking. Restaurant dining was tackled as well, including fast food and carryout. The workbook covered eight sessions. Each session ended with goal setting for the next meeting, and opened with a review of how the prior month’s goals were accomplished.

Individualization was an important part of the lifestyle intervention program, Dr. Nguyen-Huynt said. Counselors didn’t strive to make each participant fit into a cookie-cutter solution. Instead, they worked as a team to build interventions that would work for each person.

The study group comprised 1,660 subjects. About 70% were women. Diabetes was common (about 33%), and around 10% had a history of coronary artery disease. The mean body mass index was 34 kg/m².

The primary outcome was rate of blood pressure control in the usual care vs. enhanced monitoring groups, and the usual care vs. lifestyle modification groups after 1 year.

At the end of follow-up, there was no difference in the rate of control between the usual care group and the enhanced monitoring group (62% vs. 64%). However, there was a significant difference in the rate of control between the usual care and the lifestyle modification groups (62% vs. 69%).

Again, Dr. Nguyen-Huynt said, it was tough to pinpoint any particular reason for the improvement.

There was no apparent increase in compliance with antihypertensive medication. The Morisky scale, an 8-point self-reported measure of mediation compliance, was not different from baseline. Participants didn’t report any big changes in salt intake or salt use in food. This was borne out in the 24-hour urinary sodium screens, which were also not different from baseline. There were no significant weight changes and no changes in the use of outpatient primary care.

“What we can say is that it apparently worked,” she said. “This culturally appropriate, telephone-based lifestyle intervention, that focuses on the DASH eating plan, may be something that can help African Americans with uncontrolled hypertension manage their condition.”

She added that Kaiser will continue to drill down in the data to discover the source of its benefit and follow the participants for at least another year to assess the longevity of the its clinical effect.

Dr. Nguyen-Huynt had no financial disclosures.

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On Twitter @A1z_gal

News and views that matter to you.

INTERNALMEDICINENEWS.COM 5 APRIL 15, 2017

InternalMedicineNews.com
Walking With The Doctor Class

2017 Education Registration Form
Classes will be held on the Third Tuesday Night of each Month for 12 Months from 6:00 p.m. – 8:00 p.m.
on the following dates:

2017
May 16, June 20, July 18, August 15, September 19,
October 17, November 21, December 19

2018
January 16, February 20, March 20, April 17

“Walking With The Doctor Class”
Featuring Dr. Clarence Davis

Name:

Address:

City: State: Zip Code:

Email address:
Syllabus

“Walking With the Doctor Class”
*Featuring Dr. Clarence Davis*

**CLASS DATES:** May 16, 2017 - April 17, 2018

**CLASS TIME:** 6:00 PM – 8:00 PM

**LOCATION:** Methodist Hospital, Union Avenue

**COURSE DESCRIPTION:** This course is a journey to health, wellness, and happiness over the next 12 months. You will, in essence, walk with a doctor in a group setting exploring how we heal ourselves and make the most of “modern” medicine while holding in high esteem “folk” medicine. We will not shy away from discussion of spirituality in this journey. This course is for anyone who has ever left their doctor’s office and said what in the hell did he just say.

MONTH 1 – May 16th, 2017

**Topic:** Diabetes- Can we Cure It?

MONTH 2 – June 20, 2017

**Topic:** Hypertension- Can we Cure It?

MONTH 3 – July 18, 2017

**Topic:** Gratitude

MONTH 4 – August 15, 2017

**Topic:** HIV

MONTH 5 – September 19, 2017

**Topic:** Kidney Disease

MONTH 6 – October 17, 2017
The fight is won or lost far away from witnesses - behind the lines, in the gym and out there on the road, long before I dance under those lights.

MUHAMMAD ALI