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GREATER BLOOD PRESSURE DISPARITIES AMONG LEANER WHITE AND BLACK INDIVIDUALS

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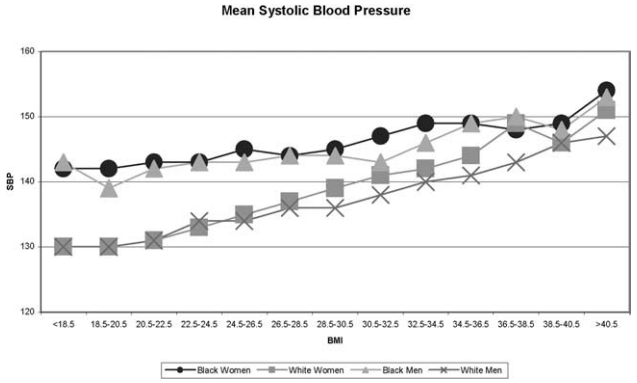
The association between obesity and hypertension is well-documented but racial differences might confound this relation. The Black Pooling Project consists of nine cohort studies and includes 8,920 black women, 7,175 black men, 27,606 white women and 37,413 white men who were followed for 8 to 30 years between 1960 and 1995. The figure shows the gender-racial specific, age- and cohort-adjusted systolic blood pressure means according to levels of body mass index (BMI). After controlling



for age, cholesterol, smoking status and cohort, each unit increase in BMI is associated with an increase in SBP of approximately 0.43 mmHg in black women, 1.01 mmHg in white women, 0.29 mmHg in black men and 0.79 mmHg in white men. The racial differences are significant between men and women. While blacks have a higher systolic blood pressure than whites at all levels of BMI, the difference narrows progressively with increasing BMI. The mean systolic blood pressure for black men and women were virtually all in the hypertensive range irrespective of BMI, whereas the mean systolic BP for whites reached the hypertensive range at BMI values of >30.5 for women and >32.5 for men. These data indicate that the racial disparity in blood pressure is greatest in very lean subjects and narrows progressively with increasing degrees of overweight and obesity.

Key Words: Body Mass, Hypertension, Racial Disparity

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PREVALENCE, AWARENESS, TREATMENT AND CONTROL OF HYPERTENSION IN TURKEY (PatenT)

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Distribution of blood pressure and prevalence, awareness, treatment and control of hypertension in Turkey (PatenT) were studied in a random, nationally representative sample of 4910 adults (≥18 years). Data collection and blood pressure measurements were conducted by specifically trained physicians in the households of the participants. Blood pressure was determined in accordance with British Hypertension Society recommendations Hypertension was defined as mean systolic blood pressure ≥140 mm Hg or mean diastolic blood pressure was ≥90 mm Hg or previous diagnosis and/or current use of antihypertensive drugs.

Overall prevalence of hypertension in Turkey was 31.8 % and it was higher in women than men (36.1 % vs 27.5 %, $p<0.001$). Among hypertensives only 40.2 % were aware of their condition and 31.8 were treated pharmacologically. In the hypertensive group (old or new diagnosis, treated or not treated) blood pressure distribution showed that only 8.1 % had controlled BP (<140/90 mmHg), 51.7 % had stage 1 and 40.2 % had stage 2 hypertension The prevalence of prehypertension among normotensives was 63.7 % and in the whole group, 32.2 % had never had their blood pressure measured.

PatenT data indicates that hypertension is a highly prevalent but inadequately managed health problem in Turkey. It also suggests that there is an urgent need for strategies to improve prevention, early detection and control of hypertension.

Key Words: Hypertension, Population, Prevalence

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BASELINE CHARACTERISTICS OF A POPULATION WITH SLEEP APNEA SYNDROME. A PROSPECTIVE STUDY

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Sleep apnea syndrome (SAS) is prevalent in general population and seems to be an independent risk factor of sustained hypertension.

Objective: To evaluate cardiovascular risk factors and target organ lesions (aortic stiffness, microalbuminuria, left ventricular hypertrophy) in a population with SAS, at baseline and after a period of CPAP treatment.

Population and Methods: 40 patients consecutively refer to a cardiorespiratory sleep study (Autoset Sullivan) to SAS diagnosis. They were submitted to clinical and laboratory evaluation, ambulatory blood pressure monitoring (ABPM, Spacelabs), arterial distensibility study (Complior) and an echocardiography/Doppler study (HP).

Preliminary Results: In 33 the SAS was confirmed (hypo/apnea > 10) , mean age 52±11, 24 (73%) males, BMI 39±11 , office BP 148±18/84±9 mmHg, 40±21 hypo/apnea/h. Hypertension was present in 23 pts (70%), 60% on antihypertensive therapy, 30% of them with non controlled hypertension. ABPM shows that non dipper status was present in the large majority of the cases (29 pts, 88%), type 2 DM in 7 (%), hypercholesterolemia 14 (51%), BMI >35 (63%), 11 (33%) had a previous CV event.

Microalbuminuria (>30 mg/24h) was detected in 45% pts. Pulse wave velocity was11± 3, 5 m/s with 29% > 13 m/s. LVMI was increased in 33%.

Conclusions: Although there is a clear relationship between SAS and hypertension a small proportion of patients have target organ lesions at the entrance of the study. Non dipper status is present in almost of the patients and microalbuminuria is also quite prevalent. The other risk factors are similar to the population in general.

Key Words: Hypertension, Sleep Apnea Syndrome, Target Organ Lesions

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0895-7061/05/$30.00

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