Abstract

OBJECTIVES: To examine hypertension and its management in a population of older urban American Indians and Alaska Natives (AI/ANs).

DESIGN: Retrospective cohort study using medical record review.

SETTING: Urban health clinic serving predominantly AI/ANs in the Pacific Northwest.

PARTICIPANTS: Five hundred twenty-four AI/ANs aged 50 and older seen between 1994 and 1995.

MEASUREMENTS: Frequency of diagnosed hypertension, undiagnosed hypertension, comorbid conditions, hypertension treatment, control, and quality of care. RESULTS: The prevalence of diagnosed hypertension was 38%, and the prevalence of possible undiagnosed hypertension was 23%. Patients with diagnosed hypertension were more likely to be obese (age-adjusted odds ratio (OR = 3.5), have diabetes mellitus (DM) (OR = 2.2), depression (OR = 1.7), heart disease (OR = 3.8), or renal disease (OR = 5.6) than patients without hypertension. Undiagnosed hypertension was inversely associated with number of health problems (OR = 0.8). Eighty-one percent of diagnosed patients were treated pharmacologically, but no factors associated with nontreatment were identified. Diuretic and beta-blocker usage was low. Patients with DM used angiotensin-converting enzyme inhibitors more frequently than patients without DM (OR = 2.4). Blood pressure was well controlled in 37%, with men being less well controlled than women (OR = 0.5). Serum cholesterol, creatinine, and retinal screening were performed more often than urinalyses or electrocardiograms. Lifestyle-modification counseling was uncommon. Number of health problems was the most common factor associated with screening tests for end-organ disease.

CONCLUSION: Few studies have examined the care of older urban AI/ANs. Improvements are needed in adherence to recommendations for the detection, management, and monitoring of hypertension and its complications in older urban AI/ANs.