

Purpose

To compare levels of depression, social support, spirituality, and subjective health in African Americans with and without hypertension.

Background

Hypertension is well documented as a major burden and growing health disparity among certain populations in the United States.

The prevalence of hypertension tends to be greater in African Americans which lead to a much higher risk of developing cardiovascular complications.

Negative lifestyle behaviors such as smoking, obesity, sodium intake, high cholesterol and stress have been associated with hypertension.

Studies have shown additional psychosocial stressors such as depression, lack of social support and spiritual-well being may also be linked to high blood pressure in African Americans.

Sample

Convenience sample
102 African Americans
Adult men and women
Hypertensive and non-Hypertensive
Non-profit free clinic



Methods

The study used a non-experimental, causal comparative research design:

- IRB approval was obtained prior to data collection.
- Data analyzed using MSPSS 20 statistical software.
- African Americans treated in a non-profit free clinic completed a demographic survey, depression scale (CES-D), social support scale (MSPSS), spiritual perspective scale (SPS) and self-report subjective health rating scale.

Descriptive statistics and Independent t-tests were used to evaluate the variables of interest.

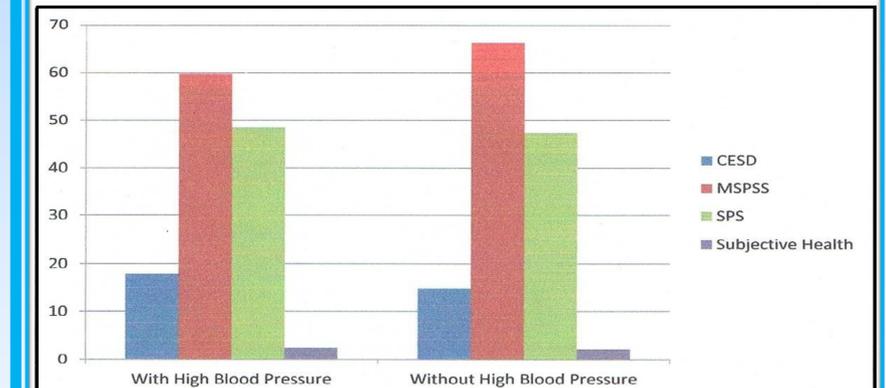


Results

Comparison of Hypertensive and Non-Hypertensive Groups on Measures (Independent T-test)

Comparison of Hypertensive and Nonhypertensive Groups on Measures (Independent T Test)

Measures	Hypertensive Group (n=57)		Non-Hypertensive Group (n=45)		Independent T test	
	Mean	sd	Mean	sd	t	p
CES-D Depression Score	17.68	13.574	14.80	11.725	t=1.131	p=.261
MPSS Social Support Score	59.84	20.728	66.38	18.297	t=-1.664	p=.099
SPS Spiritual Perspective Score	48.54	8.098	47.31	8.455	t=.749	p=.456
Subjective Health Score	2.39	.726	2.13	.842	t=1.626	p=.107



- The Independent T Test showed no statistically significant differences in depression, social support, spirituality, and subjective health between the hypertensive and non-hypertensive groups.
- African Americans without high blood pressure had lower levels of depression and higher levels of social support than African Americans with high blood pressure

Conclusions/Implications

- Recognition and treatment of depression and other psychosocial stressors may improve health outcomes in Hypertensive African Americans
- The use of screening tools to assess psychosocial stressors should be a part of routine care when managing high blood pressure in African Americans