Six-Month Results

Hypertension

Dr. Esler

This approach could sidestep the current lifelong, multidrug treatment for resistant hypertension.

Barbershop Intervention Improves Hypertension Control

Dr. Oparil

This study has the potential to ‘revolutionize the way we deal with treatment-resistant hypertension.’

Denervation of the sympathetic renal nerves is accomplished by a variety of methods, including surgical sympathectomy and chemical denervation. The former requires general anesthesia and has significant risks of complications, while the latter may be less effective.

In the current era, drugs blocking the renin-angiotensin system have moved to the fore and the sympathetic nervous system has kind of been swept into the shadows,” he noted.

A U.S. clinical trial of the device therapy will begin early next year. Meanwhile, the therapy is being introduced into clinical practice in Australia and Europe. Dr. Elser said he would not be surprised to see a turf battle between interventional cardiologists and interventional radiologists over who performs the procedure.

Dr. Oparil said, “This is an extremely important study. It has a number of great strengths and the potential to really revolutionize the way we deal with treatment-resistant hypertension.”

The absence of adverse events, given the fact that 24 centers were involved in the trial, is a remarkable finding that speaks to the procedure’s safety and ease. Obviously the patients were being treated with aldosterone antagonists, which could be an indication that the patient population was not truly drug resistant.

Dr. Elser disclosed that he has received consulting fees and travel expenses from Ardian, which sponsored the Symplicity HTN-2 trial. Dr. Oparil is a consultant to Amylin, Boehringer-Ingelheim, Daiichi Sankyo, Forest Laboratories, Merck, NicOx, Novartis, and VIVUS.

Barbershop Intervention Improves Hypertension Control

BY MARY ANN MOON
FROM THE ARCHIVES OF INTERNAL MEDICINE

A n outreach program in which barbers served as health educators — monitoring their black male clients’ hypertension and referring them for medical treatment when necessary — improved the rate of blood pressure control by about 9% over 10 months.

The intervention, which was tested in 17 black-owned barbershops in a single Texas county, motivated about half the hypertensive patrons at participating barbershops to see a physician, and reduced systolic blood pressure by a mean of 2.5 mm Hg, said Dr. Ronald G. Victor of the University of Texas Southwestern Medical Center, Dallas, and his associates.

“If the intervention could be implemented in the approximately 18,000 black-owned barbershops in the United States to reduce blood pressure by 2.5 mm Hg in the approximately 50% of hypertensive U.S. black men who patronize these barbershops (2.2 million persons), we project that about 800 fewer myocardial infarctions, 550 fewer strokes, and 900 fewer deaths would occur in the first year alone, saving about $98 million in [coronary heart disease] care and $13 million in stroke care (but offset by $6 million in additional non-CHD costs contributed by persons who would otherwise have died),” the investigators noted.

Black-owned barbershops “are rapidly gaining traction as potential community partners for health promotion programs targeting hypertension as well as diabetes, prostate cancer, and other diseases that disproportionately affect black men,” the researchers said.

Such barbershops “are a cultural institution that large and loyal male clientele and provides an open forum for discussion of numerous topics, including health, with influential peers,” Dr. Victor and his colleagues offered free blood pressure screening to patrons of 17 barbershops representing four geographic regions with sizeable black populations in the Barber-Assisted Reduction in Blood Pressure in Ethnic Residents (BARBER-1). Nine barbershops with 695 patrons who were found to have hypertension then were randomly allocated to the intervention, and eight barbershops with 602 patrons who had hypertension were randomly allocated to a comparison group.

Most of the barbershop clients were middle income. “The comparison group was not strictly a control group; patrons there underwent two BP screenings at baseline and received standard written explanations and recommendations for physician follow-up, because failing to advise them would have been unethical. The comparison barbershops also made available American Heart Association pamphlets entitled ‘High Blood Pressure in African Americans.’”

For the intervention, barbers continually offered all male clients blood pressure checks along with their haircuts. They displayed large posters depicting authentic stories of other male hypertensive patrons of the same shop modeling treatment-seeking behavior, using the model’s own words to tell the story. Barbers and other male patrons also discussed the issue conversationally.

The barbers were trained, equipped, and paid to conduct BP testing and interpret the results, with the main focus on encouraging clients who had positive results to consult a physician. They referred clients who had no physician to a nursing staff that then referred them to local physicians or safety-net clinics. Barbers also gave patients found to be hypertensive a wallet-sized card for the physician to sign, documenting an office visit concerning hypertension.

The barbers were paid $3 for every recorded blood pressure they took, $10 for every referral they made to the nursing staff, and $50 for every BP card that clients returned to them with physicians’ signatures. Patrons received free haircuts (a $12 value) for every BP card they returned with a physician’s signature.

Overall, nearly half of the patrons who were screened had high blood pressure; 78% of them were already aware that they were hypertensive, and 69% said they were taking treatment for HT, yet only 38% had their blood pressure under control.

Barbers were able to measure blood pressure in three of every four patrons who had hypertension, and each hypertensive client averaged eight blood pressure checks during the 10-month study. “The barbers motivated 50% of their patrons with elevated BP readings to visit a physician,” the researchers said.

The rate of blood pressure control — the number of men who achieved blood pressure control during BARBER-1 — improved by about 10% in the comparison group, but improved by an additional and significant 8% in the intervention group. That represents a nearly 20% improvement over the baseline rate of blood pressure control.

The intervention group also showed an absolute decrease of 2.5 mm Hg in systolic blood pressure compared with the control group, a secondary outcome of borderline significance, the investigators said (Arch. Intern. Med. 2010 Oct. 25 [doi:10.1001/archinternmed.2010.390]).

The National Heart, Lung, and Blood Institute, Donald W. Reynolds Foundation, the Acta Foundation Regional Health Disparities Program, Pfizer, Biovail, Cedars-Sinai Heart Institute, the Lincy Foundation, and the Robert Wood Johnson Foundation supported the trial. Dr. Victor reported ties to Pfizer and Biovail.