The Use of Alternative Therapies to Lower Blood Pressure in Older African Americans

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Cardiovascular (CVD) disease is the leading cause of death in the USA, especially for African Americans, who have higher blood pressures (BPs) than Whites. The prevalence of hypertension continues to grow, resulting in higher health care costs for all. Compliance with treatment is poor because the unpleasant side effects of medications and the necessary lifestyle changes in eating, smoking, and exercise habits are difficult to make. Non-invasive treatments that require less medication, lower cost, and fewer hospitalizations, while increasing enjoyment and feelings of well-being could reduce BPs and lower the death rate for CVD. This project compared short-term and long-term success rates of three non-traditional treatments for hypertension: Biofeedback (BF), Qigong for the Elderly (QGE), and a combination of Meditation/Prayer/Relaxation (MPR) in older African Americans (50+) from the Central Piedmont region of NC. Groups of 7-10 received one of the 3 treatments for 10 wks during 1 hr sessions twice a week. BP and HR data were collected before and after the treatments, and during 3 mo of follow-up. All treatments were effective in decreasing SBPs and DBPs. QGE was most effective, decreasing systolic pressures by an average of 23.5 mmHg and diastolic pressures by 19.4 mmHg. MPR and BF produced smaller but similar differences, with systolic decreases for MPR=13.9 mmHg and BF=15.9 mmHg and diastolic decreases 13.4 and 10.3 mm Hg respectively. Follow-ups at 3 month post treatment indicated that QGE group pressures continued to improve slightly, and MPR and BF pressures remained the same or decreased. Possible reasons for QGE being the most effective will be presented.

• Note: Additional participants increasing groups to a minimum of 15 will be included in the presentation, which may change some of the findings. The social variables surveyed will be discussed in terms which variables might predict success.