Modifiable Risk Factors Associated with Hypertension in Women 50 Years and Older: Results from the 2005 Los Angeles County Health Survey.

V Lousubsakul, Y Du, S Baldwin. Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health, Los Angeles, California.

**Study Goals**

- To assess the burden of hypertension among older women in Los Angeles County, California.
- To examine the association between sociodemographic and lifestyle factors and hypertension in our local population.

**Methods**

- We analyzed data from the Los Angeles County Health Survey, which is a periodic, population-based, random-digit-dialed telephone survey that collects self-reported information on sociodemographic characteristics, health status, health behaviors, and access to health services among adults and children in the county.
- Survey respondents included 1,811 women 50 years or older representing 1,341,000 women in the county.
- Multivariate logistic regression was used to examine the association between sociodemographic and lifestyle factors and hypertension.

**Key Findings and Implication**

- Forty-six percent or an estimated 621,000 women reported being diagnosed with hypertension in 2005.
  - As age increased, the odds of having hypertension significantly increased (p < 0.001 for trend test). In other population samples, increased age, household incomes, and education (OR=1.1: 95%CI: 0.85
  - Racial/ethnic disparities in the prevalence of hypertension remain a challenge in Los Angeles County. The odds of having hypertension were highest among African-Americans and lowest among Asians/Pacific Islanders.
  - As education and household incomes increase, the odds of having hypertension decrease (p < 0.001 for age-adjusted trend test). Higher socioeconomic status may imply several factors, including awareness of a healthy lifestyle.
  - Obesity is a modifiable risk factor of hypertension. Weight reduction is an important step in managing and preventing hypertension.
  - Previous studies have shown that regular aerobic exercise can reduce blood pressure. Also, people who are physically active tend to pursue a healthy lifestyle in general, and in doing so reap health benefits.

**Limitations**

- Smoking: In our population, we did not observe a harmful effect of smoking on the odds of hypertension (OR=0.95: 95%CI: 0.68-1.31).
- Nutrition: We did not observe a protective effect of consuming five or more servings of fruits and vegetables daily on the odds of having hypertension (OR=1.1: 95%CI: 0.85-1.41).

**Conclusions**

In Los Angeles County, hypertension remains a public health challenge. Disparities in hypertension prevalence due to race and socioeconomic status emphasize the necessity of increasing awareness of the disease, including its prevention and management. Fortunately, many risk factors for hypertension such as obesity, physical activity, alcohol consumption, smoking, and dietary habits can be modified by adopting a healthy lifestyle.