Trust in physicians and blood pressure control in blacks and whites being treated for hypertension in the REGARDS study.

OBJECTIVES: Among persons treated for hypertension, Blacks are more likely to have uncontrolled blood pressure compared to Whites. Few studies have focused on trust in physicians as a potential contributor to this disparity in blood pressure (BP) control. The primary objective of this study was to assess the relationship between trust in physicians and blood pressure control among Blacks and Whites being treated for hypertension.

DESIGN: Cross-sectional analysis of baseline data collected from the REasons for Geographic And Racial Differences in Stroke cohort, a US national, population-based cohort study. Participants were recruited by telephone from 2003-2007, completed a telephone survey, and had BP measured during an in-home visit.

PARTICIPANTS: 2843 Black and White adults aged > 45 years with treated hypertension.

MAIN OUTCOME MEASURES: Uncontrolled blood pressure was defined as systolic blood pressure > 140 mm Hg or diastolic blood pressure > 90 mm Hg. For participants with diabetes, renal disease, or self-reported previous myocardial infarction, uncontrolled blood pressure was defined as systolic blood pressure > 130 mm Hg or diastolic blood pressure > 80 mm Hg.
RESULTS: Trust in physicians was not associated with uncontrolled blood pressure in either unadjusted (odd ratio [OR] 1.07; 95% confidence interval [CI] 0.92, 1.25) or adjusted analyses (OR 0.97; 0.83, 1.14). Both Black race (OR 1.58; 1.36, 1.84) and imperfect medication adherence (OR 1.56; 1.31,1.86) were associated with higher odds of uncontrolled blood pressure.

CONCLUSIONS: Trust in physicians was not related to blood pressure control among Blacks and Whites with treated hypertension in this sample. The racial disparity in blood pressure control was not completely explained by trust in physicians or medication adherence, and a better understanding of the mechanisms leading to this disparity is needed.