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Church-based lifestyle programme lowers blood pressure

Previous studies have reported on the usefulness of faith-based interventions in increasing cancer screening, reducing weight and promoting healthy eating habits among churchgoers. Now, a faith-based approach to changing lifestyle has been effective in managing blood pressure among black Americans, according to new research in Circulation: Cardiovascular Quality and Outcomes, an American Heart Association journal.

The Faith-based Approaches in the Treatment of Hypertension (FAITH) trial is the first and largest community-based study to evaluate the effect of a comprehensive lifestyle intervention on blood pressure reduction among African Americans in prominently black churches. Researchers evaluated the impact of a programme that combined faith-based lifestyle change with motivational interviewing compared to health education alone on 373 adults in 32 traditionally black churches in New York City. Participants were average age 63 and 76 percent were women. The programme was delivered by trained lay church members.

The intensive intervention included 11 weekly 90-minute sessions focused on a healthy diet (low-fat and low-sodium with plenty of fruits and vegetables), exercise, weight loss, adherence to medication and stress reduction. The curriculum included prayer, scripture and faith-based discussion related to health. After the intensive intervention, participants received three monthly phone calls to help motivate them to continue the lifestyle changes.

In churches not part of the intense intervention, participants received one session on lifestyle change followed by 10 sessions of health education delivered by local experts.

After the six-month intensive phase of the programme, systolic (top number) blood pressure was reduced 5.8 mm Hg more in the faith-based lifestyle change group than in the health education group. The benefit was sustained but smaller (5.2 mm Hg) after nine months. However, researchers could not rule out that the latter finding was not due to chance alone. There was not a significant change in diastolic pressure (bottom number in a blood pressure reading).

"Although the blood pressure reduction at nine months did not reach statistical significance, its clinical implications remain very important given that most trials of high blood pressure treatments have a similar magnitude of effect," said senior author Gbenga Ogedegbe, MD, MPH, MS, professor of medicine and population health, and director of the Center for Healthful Behavior Change at the New York University School of Medicine. "We do think that a stronger support component in the six- to- nine- month period may have led to even greater blood pressure reduction. Future studies could evaluate additional support, such as tailored text messages and brief check-ins with lay health advisors."

The study is limited because it could not determine how much of the difference in blood pressure resulted from lifestyle improvements and how much from changes in medication or better adherence to medication. Dr. Ogedegbe pointed out that participants were encouraged to speak with their physicians about their medications and any problems they were experiencing. "Future research should test an intervention that links the community and clinics as partners in delivering the intervention," the doctor said.

An accompanying editorial by Jeremy Sussman, MD, MS, and Michele Heisler, MD, MPA, notes that a community-based hypertension intervention based in black barbershops reported three times greater blood pressure reductions than this church-based study. The two trials had several differences. The church-based study focused on behaviour change mostly among women who may not have attended church regularly, while the barbershop trial focused on blood pressure management among men getting haircuts at least once every six weeks.

"Despite these key differences, both studies significantly advance the field of intervention research targeting access to healthcare of high-risk populations," Drs. Sussman and Heisler write. "They both showed the effectiveness of using trusted members of the community to deliver care. They reinforce the value of reaching out to communities who have limited access or do not trust the medical community, especially communities who have excellent reason to feel that distrust."

They note that these studies demonstrate how far the U.S. medical system must go to provide care that is fair to underserved and vulnerable populations. "As long as black Americans receive worse care and have lower access to tests and treatments, community-based efforts will be essential," the editorial authors write.

Source: American Heart Association
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