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HEALTH CARE 1991 A PORTLAND OBSERVER SPECIAL EDITION



Theresa Richardson

illions of elderly Americans who have a common specific type of high blood pressure may receive different medical treatment as the result of a national study participated in by Kaiser Permanente's Center for Health Research (CHR) in Portland. The CHR was one of 16 sites nationwide, and the only site in the Northwest, involved in a seven-year clinical trial called the Systolic Hypertension in the Elderly Program (SHEP). Results of that study were published June 26 in the Journal of the American Medical Association.

SHEP shows drug treatment helps prevent strokes and heart attacks in older persons who have a type of high blood pressure known as isolated systolic hypertension (ISH). Some three million Americans over age 60 have this condition, a number expected to rise to eight million in the next 35 years. Blood pressure is reported with two numbers. The upper number is systolic blood pressure. The lower is diastolic blood pressure. People with isolated systolic hypertension have a systolic pressure greater than 160 and a diastolic pressure less than 90. These people have a two-to-three times higher

National Study Shows Drug Treatment Can **Reduce Strokes And Heart Attacks In Older Persons With Systolic Hypertension**



Toll-Free Patient Referral Line Free hospital care for a sick child can be only a phone call away.

Elderly black women are twice as likely as elderly white men and women to have a type of high blood pressure called isolated systolic hypertension. But a recently completed five-year study conducted at Kaiser Permanente's Center for Health Research in Portland and at 15 other sites nationwide showed that a medication called chlorthalidone can control isolated systolic hypertension. According to Thomas Vogt, MD, who was principal investigator for the study in Portland, "Chlorthalidone, which costs consumers less than \$2 a month, was shown to reduce the rate of stroke by 36 percent." That's good news for northeast Portland resident Theresa Richardson, above, who was one of more than 230 Portland-area residents involved in the study.

risk of stroke, as well as an increased risk of coronary heart disease, heart failure and heart attack.

SHEP indicates that theses risks can be significantly reduced through treatment with low doses of an antihypertiensive drug called chlorthalidone. Participants in the study who received this drug had a 36-percent lower incidence of fatal and nonfatal strokes than those given a placebo. Those in the drug treatment group also had a 32-percent lower incidence of major cardiovascular problems, including heart attacks.

The study, co-sponsored by the National Heart, Lung and Blood Institute (NHLBI) and the National Institute on Aging, involved 4,736 participants across the nation. The mean age of study participants was 72 years; 57 percent were woman, 43 percent were men. Fourteen percent of the participants were black.

Over a two-year period, CHR staff screened nearly 48,000 people in the Portland area to find participants who could meet the eligibility requirements. Of these, 233 became participants and were randomly assigned to a treatment group or a placebo group. Follow-up of all participants lasted five years.

Key personnel for the study at Kaiser Permanente's Center for Health Research in Portland were Thomas M. Vogt, MD, principal investigator; Merwyn R. Greenlick, PhD, co-principal investigator and CHR director; Adrianne Feldstein, MD, who was medical director for the study; and Victoria Wegener, RN, project director.

"The results of SHEP are one of the most eagerly awaited findings from clinical trials in the last two decades," says Greenlick. "Isolated systolic hypertension is a major cause of death and disability among large numbers of elderly Americans. These results clearly point out the importance and benefit of treating

this condition with antihypertensive drugs."

According to Dr. Feldstein, the SHEP results, "will have a major impact on the medical treatment of this condition. Up to now there has been no medical agreement about how to treat isolated systolic hypertension. SHEP is the first trial to test the hypothesis that low doses of antihypertensive drugs reduce the risk of strokes and cardiovascular conditions in people with this kind of high blood pressure. The results are clearly positive. The study showed treatment had no apparent adverse side effects."

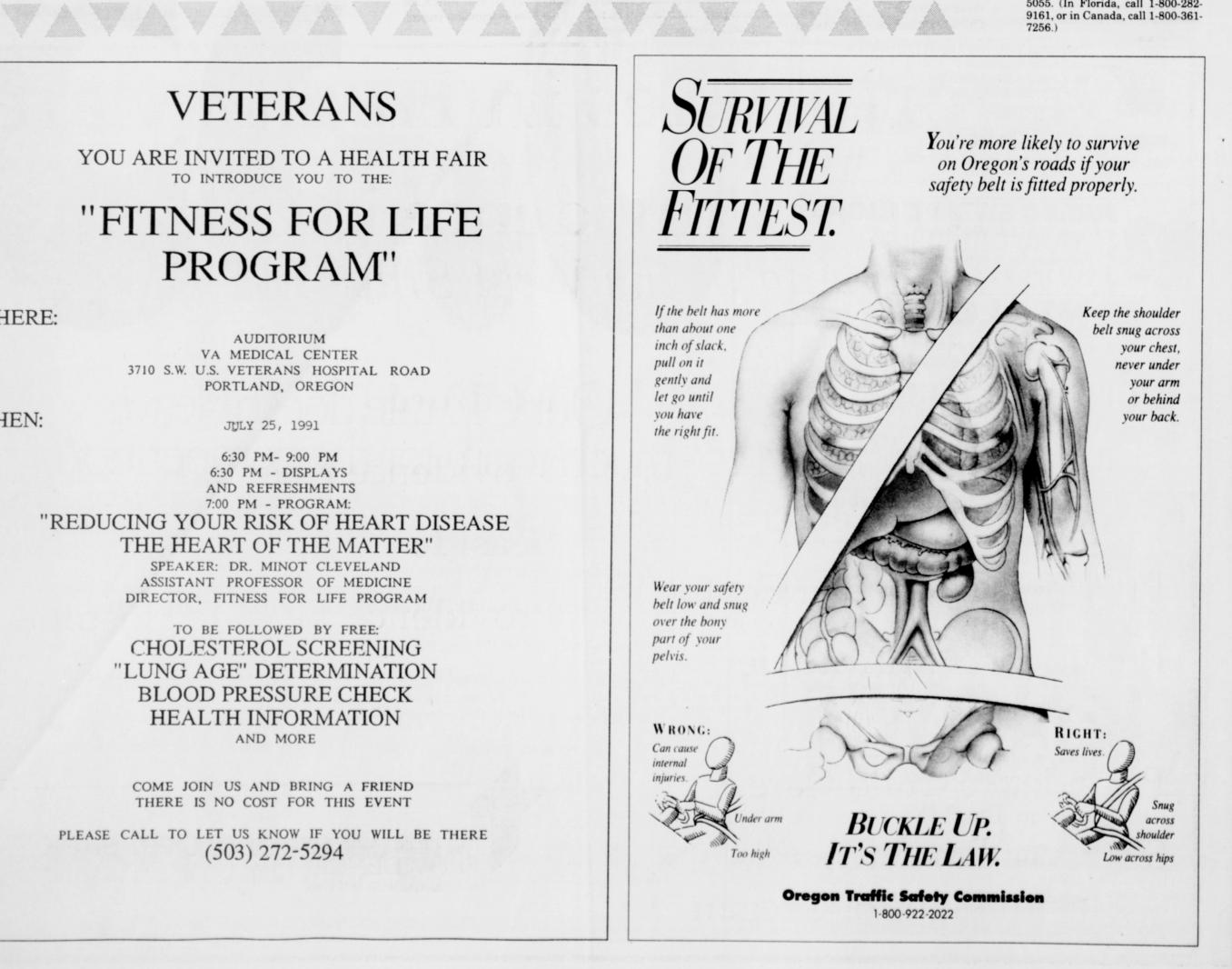
Kaiser Permanente is a prepaid group practice health maintenance organization serving the health care needs of about 370,000 people in Northwest Oregon and Southwest Washington. The CHR, founded in 1964 as a not-for-profit research institute, conducts research in several major areas, including epidemiological studies and clinical trials; studies on health behavior, research methods, and the use of medical care services; and testing of innovations in health care organization, financing, and delivery.



A telephone operator can help you get needed care for a burned or crippled child.

Shriners Hospitals for Crippled Children has toll-free telephone numbers parents or legal guardians can call to get an application for a child's admission to a Shriner Hospital for an orthopaedic or burnrelated condition. These free telephone lines can also provide information about Shriners Hospitals and the types of conditions they treat. The telephone lines are open Monday through Friday, from 8 a.m. until 5 p.m., Eastern Standard/Daylight Time. These are information lines only and not to be called for emergencies.

When someone calls one of the toll-free patient referral numbers, the operator will ask several basic questions about the caller and the child. An application is then sent out. The application is processed and reviewed by the Hospital's Board of Governors, who will determine the family's financial eligibility. All care and treatment provided to children at Shriners Hospitals is free of charge. If you know of a child the Shriners Hospitals can help or would like to learn more about the hospitals, call toll-free: 1-800-237-5055. (In Florida, call 1-800-282-9161, or in Canada, call 1-800-361-7256.)



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