**FINAL PAPER BUILDING BLOCK**

**THE ANNOTATED BIBLIOGRAPHY #3**

**Hypertension and Ethnic Group**

 It is the author’s viewpoint that there are ethnic differences in the pathogenesis of hypertension and these differences are sufficient to influence choice of treatment. He states that hypertension is the biggest and an almost entirely treatable cause of cardiovascular disease, and even small ethnic differences in its optimum management have great implications for health resources. In speaking of ethnic groups, comparison is made between whites and blacks. The pathogenesis of hypertension is explained in this article through measurement of plasma renin and the renin-angiotensin pathway. Low levels of plasma renin is almost always indicative of high serum sodium levels. Increased sodium intake through canned or processed foods activates thirst receptors which leads to excessive water consumption leading to hypertension.

 From a structural perspective, it must be noted that blacks tend to be diagnosed with hypertension at an earlier age and end organ damage varies compared to whites. Studies conducted in the United States and the United Kingdom have shown higher prevalence and lower awareness among blacks when compared to white people. Being classified as hypertensive means having a systolic blood pressure of 140mmHg or a diastolic blood pressure of 90mmHg or greater, or having to take medication for blood pressure maintenance. Research has shown that the mortality rate due to hypertension is extremely high in the United States. There is also variation in the response to drug treatment of hypertension with calcium channel blockers, ace inhibitors, and beta blockers.

 The information contained in this article is a useful aid in understanding the renin-angiotensin pathway and its relationship to sodium intake and hypertension and can be referenced as a primary source.

Brown, M. J. (Apr. 8, 2006). Hypertension And Ethnic Group. *British Medica Journal, Vol. 332, No. 7545*, 833-836.