

Influence of Family History of Hypertension on Vascular Function in Young Healthy Black Women

RUBY A. NYARKO, JUSTO PEREZ III, ASHLESHA D. DALVE & JASDEEP KAUR

Neural Cardiovascular Control Lab; Department of Kinesiology and Health Education, University of Texas at Austin, Austin, TX

Category: Doctoral

Advisor / Mentor: Kaur, Jasdeep (jasdeep.kaur@austin.utexas.edu)

ABSTRACT

Compared to all other racial groups, non-Hispanic Black (NHB) women have the highest prevalence of hypertension (58.4%) in the United States and experience a two-fold higher mortality from hypertension-related causes. Individuals with a positive family history of hypertension (+FHH) have been shown to exhibit blunted vascular function in response to 5-minute ischemia; however, whether the impact of positive family history of hypertension (+FHH) results in a greater attenuation of vascular function in healthy NHB women remains unknown. **PURPOSE:** Herein, we tested the hypothesis that young NHB women with +FHH will elicit attenuated increases in forearm blood flow (FBF) and forearm vascular conductance (FVC) during rhythmic handgrip exercise (RHG) compared to age- and weight-matched NHB women without a family history of hypertension (-FHH). **METHODS:** We studied 14 young normotensive women (+FHH=7) [Age (-FFH: 19 ± 1 ; and +FHH: 19 ± 1 yr; mean \pm SD, $p = 0.61$); BMI (-FFH: 24 ± 2 ; and +FHH: 24 ± 2 kg/m²; $p = 0.82$)]. FBF (duplex Doppler ultrasound) and mean arterial pressure (MAP; finger photoplethysmography) were measured during rhythmic handgrip exercise performed at three workloads (15%, 30%, and 45% of maximal voluntary contraction (MVC)). FVC was calculated as FBF/MAP. **RESULTS:** Baseline FBF (-FHH: 41.9 ± 14.0 and +FHH: 48.0 ± 7.1 ml/min; $p = 0.32$), FVC (-FHH: 50.0 ± 15.9 and +FHH: 62.9 ± 10.2 ml/min/100 mmHg; $p = 0.10$), and MVCs (-FHH: 57 ± 12 and +FHH: 54 ± 7 kg; $p = 0.53$) were similar between the groups. Both groups exhibited intensity-dependent increases in FBF and FVC; however, contrary to our hypothesis, there were no difference between the groups [mixed-model two-way ANOVA; % Δ FBF (group effect $p = 0.50$, intensity effect $p < 0.001$, interaction $p = 0.89$) and % Δ FVC (group effect $p = 0.34$, intensity effect $p < 0.001$, interaction $p = 0.92$). For instance, in response to RHG at 45%, -FHH had 592 ± 190 % increase in FBF from baseline and +FHH had 624 ± 154 % increase. Changes in MAP were not different between the groups at any intensity (e.g., Δ MAP at 45% MVC in -FHH = 11 ± 9 and +FHH = 6 ± 5 , $p = 0.30$). **CONCLUSION:** These preliminary data suggest that the hyperemic responses to rhythmic handgrip exercise in normotensive Black women is not influenced by a positive family history of hypertension.

Keywords: African American; brachial artery blood flow; dynamic handgrip exercise.

Supported by: Kinesiology and Health Education UT Austin Start-up Account 19-2635-91; and TACSM 2023 Student Research Development Award.