

Social disruptions, mental health, and self-management in older women with hypertension during the COVID-19 pandemic: Findings from the Women's Health Initiative

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ABSTRACT

Introduction

Hypertension is highly prevalent in older women and is associated with poorer mental health, which may negatively impact hypertension self-management behaviors (HSM). The COVID-19 pandemic disrupted social resources; however, the impact of disruptions on HSM and differences by race and ethnicity or resilience is unknown.

Methods

Women's Health Initiative participants with hypertension (n=34,887; mean age=84, range=71-104) self-reported COVID-19-related disruptions, HSM, mental health, and psychological resilience. The level of social disruption was compared by race/ethnicity. The relationship between category of disruption (basic needs, social network, health care and medication access) and HSM and mental health was examined, overall, and by race/ethnicity and resilience among with women with high disruption, using ANOVA and chi-square tests.

Results

The vast majority of older women with hypertension experienced social disruptions related to the COVID-19 pandemic (95%). Social network disruptions were most common (85%), followed by health care and medication access disruptions (69%), and basic needs disruptions (28%). All categories were associated with poorer HSM in most behavior outcomes and poorer mental health status. Women of color reported more social disruptions; among women with high disruptions, women of color had worse HSM across most behaviors measured, and poorer mental health compared to non-Hispanic white women. Among women with high disruption, those with high psychological resilience reported better HSM across most behaviors measured, and better mental health.

Conclusions

The COVID-19 pandemic may have hindered HSM in older women through disrupted social resources and diminished mental health. Women of color may be "doubly vulnerable" to the effects of the pandemic – not only do they experience a higher degree of social disruption, they

may also experience greater impacts of the disruption on HSM and mental health. Building resilience may buffer the impact of social disruption on HSM.

Key Words

Hypertension, older women, social determinants of health, self-management, mental health

SUPPORTED BY

The WHI program is funded by the National Heart, Lung, and Blood Institute, National Institutes of Health, US Department of Health and Human Services through contracts 75N92021D00001, 75N92021D00002, 75N92021D00003, 75N92021D00004, 75N92021. Research reported in this publication was also supported by the National Center for Advancing Translational Sciences of the National Institutes of Health under Award Number TL1TR003136. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health.