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**Gender differences in the association between socioeconomic status and hypertension in France: A cross-sectional analysis of the CONSTANCES cohort**

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**ABSTRACT**

**BACKGROUND** - Hypertension prevalence increases when socioeconomic status decreases but gender differences in the relationship between socioeconomic status and hypertension have been less studied. This work aimed to explore the pattern of associations between three indicators of socioeconomic status at individual, household, and municipal levels with hypertension across genders in a large sample of French adults from the CONSTANCES cohort. **METHODS** - Using data at inclusion from 59 805 participants (52% women) aged 25-69 years and recruited between 2012 and 2015, multilevel log-Poisson regressions with robust variance estimates were used to assess the associations of Relative Index of Inequality in education, monthly income per consumption unit and residential deprivation with hypertension. Modifying effects of gender and age in those associations were tested. **RESULTS** - Hypertension prevalence was higher in men than in women. Steep socioeconomic gradients of hypertension were observed for the three socioeconomic indicators in both genders and from the youngest to the oldest age class. Socioeconomic inequalities, especially educational inequalities, were larger among women than men: Relative Index of Inequality for highest versus lowest education among the 25-34 years were 0.43 [95%-confidence interval = 0.28-0.67] in women and 0.70 [95%-confidence interval = 0.53-0.92] in men. With increasing age, socioeconomic gradients of hypertension eased in men and even more in women so that gender differences decreased. **CONCLUSIONS** - In this cross-sectional analysis of a large sample of adults, prevalence of hypertension was higher in men than in women. Moreover, socioeconomic status and especially education displayed a stronger association with hypertension prevalence in women compared to men. Reducing inequalities in hypertension may require gender-specific approaches.

**KEYWORDS:** -

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