Beliefs about Epilepsy among Students in Ghana

The summary below is from the full report titled, “Traditional Beliefs and Knowledge Base about Epilepsy among University Students in Ghana.”

What is the problem and what is known about it?
Epilepsy is a brain disorder that may lead to unusual sensations, emotions, and behaviour changes. Sometimes those with epilepsy may lose consciousness and fall down depending on the nature and type of seizure activity. In Africa, persons with epilepsy are lonely and discriminated against in education, employment and marriage because epilepsy is seen as a shameful disease in the eyes of the general public. Epilepsy is also traditionally looked on as a curse by the ancestral spirits or attributed to possession by evil spirits. It is also thought to be due to witchcraft or poisoning and often taken to be highly contagious.

Why did the researchers do this study?
The main objective of the study was to investigate the current and changing beliefs and knowledge about epilepsy among university students in Ghana.

Where was the study done?
The study was done in the Greater Accra region of Ghana, West Africa.

Who was studied?
Students of the University of Ghana, Legon.

What did the researchers find?
Results showed that most students do not know much about the causes of epilepsy and that, over the years, many students are more likely to treat those with epilepsy kindly and respectfully. Findings are therefore consistent with the view that attitudes about epilepsy among Ghanaian university students are changing.

What are the limitations of this study?
The study was done among only university students and therefore the findings may not be the views of all Ghanaians.

What does this study tell us?
There is the need for health care professionals to educate the general public about the causes of epilepsy.

Taking Care of Heart Failure

The summary below is from the full report titled, “How Do Depressive Symptoms Influence Self-care among an Ethnic Minority Population with Heart Failure?”

What is the problem and what is known about it?
Heart failure is the inability of the heart to pump enough blood to adequately supply the rest of the body. People with heart failure often have symptoms like shortness of breath, swelling in feet and ankles, and fatigue. People with heart failure are supposed to follow a low-salt diet, take medications and monitor their symptoms so that they can prevent worsening of their heart condition. Depression is very common in patients with heart failure and may influence how people take care of themselves. Although ethnic minority populations are at greater risk for heart failure and have more frequent hospitalizations and higher death rates, little is known about how Blacks with heart failure take care of their heart condition or how depression influences their daily activities.

Why did the researchers do this study?
The purpose of this study was to explore how depression or feelings of sadness affect self-care (taking medications, following diet and monitoring symptoms) in a Black population with heart failure.

Where was the study done?
This study took place in a large urban population of heart failure patients who were receiving care in a heart failure clinic.

Who was studied?
30 Black adults with heart failure.

What did the researchers find?
In this sample, self-care was very poor. Almost half of the sample had symptoms of depression and those with depression had poorer self-care. They did not follow their diet or monitor their symptoms adequately. Individuals...
talked about depressive symptoms as “feeling blue” or “very tired.” But they did not discuss their feelings of sadness with their health care providers.

What are the limitations of this study?
This was a small sample that included interviews where individuals talked about their heart failure and feelings. The findings do not apply to other populations.

What can be done?
Depression in Black patients with heart failure may be difficult to assess so health care providers should ask patients how they are feeling and ask specifically about feeling sad or blue.

DIABETES CONTROL AMONG LATINO PATIENTS WHO REPORT TO EMERGENCY DEPARTMENT FOR CARE

The summary below is from the full report titled, “Fragile Health Status of Latino Patients with Diabetes Seen in the Emergency Department of an Urban, Safety-net Hospital”

What is the problem and what is known about it?
Diabetes is a leading cause of death and disability in the United States affecting 1 in 12 adults. Racial and ethnic minority groups have been struck especially hard. Latinos, in particular, are twice as likely to develop diabetes. Patients with diabetes who come to emergency departments within public, safety-net hospitals have few other health care options and may be especially vulnerable.

Why did the researchers do this study?
We conducted this study to get a better understanding of the general health of patients with diabetes who come to the emergency department for care. In addition, we wanted to understand if patients’ attitudes about their ability to care for their diabetes were related to their blood sugar control. Finally, we wanted to know if patients who had a primary care doctor had better control of their diabetes than those who did not.

Where was the study done?
This study was conducted in the emergency department of the Los Angeles County + University of Southern California hospital. This public, safety-net hospital emergency department is located in East Los Angeles and is one of the largest and busiest in the United States.

Who was studied?
We studied any patient who came to the emergency department and had a medical history of diabetes.

What did the researchers find?
We found that three fourths of the patients with diabetes were Latino and that they generally had poor control over the disease. Interestingly, we discovered that the large majority of these people were highly motivated to make positive changes to improve their condition but lacked practical knowledge and skills to accomplish this. We also learned that patients who had less belief in their own ability to fight the disease had much worse control over their blood sugar. Finally, we found that patients who had a primary care physician had substantially better control of the disease than those who did not.

What does this study tell us?
This study identifies a vulnerable group of Latino patients with diabetes who are highly motivated to improve their condition but lack critical resources. Emergency departments may be an excellent location to attempt intervention that empower patients with diabetes and connect them with the community medical resources that they need to gain control over this illness.

COMPARING HEART DISEASE RISKS BETWEEN AFRICAN AMERICAN AND WHITE PATIENTS

The summary below is from the full report titled, “Effect of Race and Socioeconomic Status on Cardiovascular Risk Factor Burden: The Cooper Center Longitudinal Study.”

What is the problem and what is known about it?
Despite the fact that US adults are living longer, a greater burden of disease continues to exist among African American men and women compared to White men and women. It is thought that low socioeconomic status (based mostly on income and education) and lack of access to quality health care in part explains this difference.
FOR THE PATIENT

Why did the researchers do this study?

This study compares high blood pressure, diabetes, and high cholesterol between African Americans and Whites with higher income and education and who have access to preventive medical exams. The study will help to more clearly understand whether the racial differences in these health conditions is based on poverty or lack of medical access alone.

Where was the study done?
The Cooper Center Longitudinal Study (CCLS) is a large study of men and women who had preventive medical examinations at the Cooper Clinic in Dallas, Texas.

What did the researchers find?
African Americans had more risk factors for heart disease, including high blood pressure and diabetes, than did Whites. Whites were more likely to have no risk factors while African Americans were more likely to have all three risk factors. These differences were still present even when socioeconomic status was taken into account.

What are the limitations of this study?
There were far fewer African Americans than Caucasians. The history of disease was reported by the patient and not by their private physician. Finally, due to the type of study (cross-sectional), the researchers could not confirm that race caused the observed disparity.

What does this study tell us?
Our study suggests that being African American has unique medical implications, independent of socioeconomic status, which must be considered by health care providers.

HOW AGE, INCOME AND EDUCATION ARE LINKED TO DISABILITY IN AFRICAN AMERICANS

The summary below is from the full report titled, “Education, Income and Disability in African Americans.”

Why did the researchers do this study?
People with lower socioeconomic status consistently have higher rates of disability than those in higher SES groups. Yet, little is known about how specific measures of SES (education and income) are associated with disability. Much of the work examining the relationship between SES and disability has focused on older adults. Focusing only on adults limits our understanding since it is evident that disparities in disability emerge in mid-life. Also, the prevalence of disability at most ages increases at different rates for African Americans compared to Whites. However the effect of age on the relationship between SES and disability in African Americans is not well understood.

Where was the study done?
The objective of this study was to determine whether the link between SES and disability was different depending on a person’s age. We examined a group of 395 African Americans who participated in the Carolina African American Twin Study of Aging.

What did the researchers find?
Among those aged 50 years and older, we found education or income to be associated with disability. However when we examined the association of education and income with disability, only education remained significant. There were no relationships found between levels of SES and disability among those who were younger than 50.

What does this study tell us?
These findings highlight the importance of understanding how different measures of SES are related to disability and how age affects this relationship in African Americans.
Hepatitis C among Arab and Chaldean Americans: Know the Risk Factors

Why did the researchers do this study?
We wanted to get an estimate of the percentage of Arab and Chaldean Americans exposed to this virus.

Where was the study done?
This study was conducted in southeast Michigan by a research team from Wayne State University, William Beaumont Hospital, in collaboration with the division of Public Health at the Arab American and Chaldean Council.

Who was studied?
The people studied were born in an Arab country, of Arab or Chaldean descent. They currently lived in southeast Michigan and were tested for exposure to this virus. We tested 484 people.

What did the researchers find?
We found that 5.4% of people tested had been exposed to this virus. This is more than three times the US average. Among Chaldeans we found 2% were exposed to the virus, compared to 5.9% among Arabs. The major risk factors among those who were exposed to the virus were as follow: 6.4% had history of intravenous drug injection, 3.8% admitted to risky sexual behavior, 54% had shared personal hygiene products, 24% had received a blood transfusion, 13% have received an injection by a non-sterile needle, and 14% have had some form of surgical operation.

What are the limitations of this study?
We were able to study only 484 people, which is a small number for a study of this type. The study participants volunteered to be tested and were not randomly selected and all participants were from southeast Michigan.

What does this study tell us?
We found that hepatitis C may be more common in people of Arab and Chaldean descent. We recommend that anyone, who may have any of the above risk factors, or who believes they may have been exposed to this virus, should see their primary care physician. If the disease is found in the early stages, treatment options can be very effective.

Importance of Getting Medical Care Immediately After Stroke

The summary below is from the full report titled: “Ethnic Disparities Trump other Risk Factors in Determining Delay to Emergency Department Arrival in Acute Ischemic Stroke.”

What is the problem and what is known about it?
Stroke occurs when blood flow to the brain is disrupted. It is the fourth leading cause of death and a major cause of disability in the United States. Most strokes are caused by an obstruction in blood flow, and these are termed “ischemic strokes.” The most effective treatment for ischemic stroke, a clot-busting drug, must be administered within the first hours after stroke onset. Less than 10% of people who experience stroke receive this important treatment mostly because of the delay from onset-to-arrival at an appropriate hospital. Historically, Blacks are less often treated with the clot-busting drug for ischemic stroke. One of the most frequently reported reasons is the delay to seeking medical treatment after symptoms have begun.

Why did the researchers do this study?
Since the clot-busting drug is the only proven treatment to reduce disability from ischemic stroke, it is important to determine ways to get more stroke patients treated. Since the major reason a patient would not receive treatment is the delay in arriving to the hospital, we sought to determine predictors of delay from onset-to-arrival in hopes that the factors that lead to such delays could be responsive to intervention.

Where was the study done?
The study was performed at a Primary Stroke Center in downtown New Orleans, Louisiana, where the population is predominantly Black.
Who was studied?
We included patients who were evaluated by the Stroke Team and were diagnosed with ischemic stroke (the kind of stroke when a blood vessel that supplies part of the brain is blocked).

What did the researchers find?
We found that Blacks do arrive later than Whites in our center, but Black patients were just as often treated with the clot-busting drug. We also found that Black race was a predictor of a delayed hospital arrival independent of other factors previously shown to be associated with delayed presentation. While symptoms of speech impairment and arm or leg weakness were associated with earlier hospital arrival among all patients, Black patients were more likely to present later with any stroke symptom than White patients with that same stroke symptom.

What are the limitations of this study?
Because our study was performed retrospectively, we are unable to determine that Black race caused a delay in onset-to-arrival. There must be other reasons for delay in hospital arrival in our population that are more common in Blacks than Whites, but we were unable to identify and examine these reasons.

What does this study tell us?
Blacks arrive to our hospital following ischemic stroke later than Whites. There are many possible explanations to this finding such as the fear of hospitalization cost, poor recognition or understanding of stroke, or difficulty acquiring transportation to a local medical facility. Further study is required to determine the reasons behind the delay and whether targeted stroke education could reduce onset to hospital arrival time so that optimal care can be provided to patients, regardless of race or ethnicity.

A CALL FOR NEW ALCOHOL GUIDELINES

The summary below is from the commentary titled, “If You Drink Alcohol, Drink Sensibly: Is this Guideline Still Appropriate?”

What is the problem and what is known about it?
Alcohol abuse remains one of the most serious substance abuse disorders in South African society, resulting in social, economic and health problems. Alcohol consumers in South Africa are estimated to drink 16.6L per annum with a per capita consumption of 7.1L. South Africa has one of the highest crime, violence and traffic, and HIV/AIDS death rates in the world, which can be directly related to the high prevalence of alcohol abuse and risky drinking patterns. Keeping this in mind, it is difficult to promote a positive food-based dietary guideline which motivates alcohol consumption at any level.

Why did the researchers do this study?
In 2002 the Department of Health in South Africa adopted the food-based dietary guidelines (FBDGs), including one on alcohol that stated, “If you drink alcohol, drink sensibly.” In our commentary, we examine recent research since 2002 to re-evaluate the appropriateness of the guideline.

Where was the study done?
Cape Town, South Africa

Who was studied?
We searched websites of the World Health Organization and the Medical Research Council of South Africa to find studies on alcohol use and its impact on our society.

What did the researchers find?
Based on research we found, the positive health benefits of drinking alcohol moderately should be raised and even encouraged in those who are very moderate drinkers, which is defined as one alcoholic drink per day for women and a maximum of two drinks per day for men. For those who do not consume alcohol at all, even moderate drinking is not, however, encouraged. Nutrition educators need to keep this in mind when they are doing health promotion and should also understand the importance of emphasizing the negative consequences of alcohol abuse.

What can be done?
The current Department of Health food-based dietary guideline on alcohol intake, “If you drink alcohol, drink sensibly,” should not remain as is.