Current clinical research related to the health of ethnic minority populations is essential to eliminate health disparities. Readers of *Ethnicity & Disease* may be interested in the progress and results of the following clinical trials. These trials describe only some of the research performed in ethnic minority health; other current trials may be found at www.clinicaltrials.gov. The information below was accurate at press time; the study researchers should be contacted for more information.

**TRANSLATING A HEART DISEASE LIFESTYLE INTERVENTION INTO THE COMMUNITY**

This study will evaluate the feasibility and initial effectiveness of a community-based, culturally targeted, lifestyle intervention to improve the cardiovascular health of underserved South Asian (Indian, Pakistani, Bangladeshi, Nepali, and Sri Lankan) Americans. Participants in this study will be randomly assigned to either a group to receive heart disease prevention classes or to another group, in which they will receive written materials about heart disease prevention.

The group assigned to classes will enroll in heart disease prevention group sessions focusing on physical activity, diet, weight, and stress management. Each group will have 6–8 participants who will attend 6 weekly 90-minute group education sessions at Metropolitan Asian Family Services. During each session, participants will watch videos on the day’s topic followed by discussion, activities, and assistance in setting realistic goals with attention to physical activity, diet, weight, and stress management. Participants will receive telephone support after each session and up to 12 weeks after they have completed the classes to help reinforce learning objectives.

Inclusion criteria: South Asian ethnicity, age 30–60 years, have at least 1 coronary heart disease risk factor: obesity (body mass index ≥25 kg/m²), hyperlipidemia, hypertension, prediabetes, or diabetes.

Exclusion criteria: inability to speak English, Hindi, or Urdu; history of clinically evident car-
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diovascular disease (such as heart attack or stroke); pregnant, lactating, or planning to become pregnant during the study period; any condition that inhibits moderate-intensity physical activity; systolic blood pressure \( \geq 190 \) mm Hg or diastolic blood pressure \( \geq 105 \) mm Hg; triglycerides \( \geq 400 \) mg/dL; using insulin for diabetes; significant medical or psychiatric comorbidities; plans to move out of the area within 2 years; family or household member enrolled in the study.

Study start: August 2012
Study end: May 2014

This study is currently recruiting participants. Contact Swapna Dave, Northwestern University – Feinberg School of Medicine, Chicago, IL 60611; 312-503-6995; swapna-dave@northwestern.edu.

Depression Care for Hospitalized Coronary Heart Disease Patients: Prospective Cohort Study (CDCare)

In patients with established coronary heart disease (CHD), unipolar depression is up to 3 times more prevalent than in the general population and increases the risk for coronary events and death, higher health care consumption, and decreased quality of life. Most hospitals in Germany have a unique infrastructure of psychiatric, psychosomatic, and psychosocial services for CHD patients (psychiatric/psychosomatic consultation liaison services and a wide network of inpatient or outpatient cardiac rehabilitation centers). However, as of today, little is known about the use and acceptability of depression health care from the perspective of CHD patients.

This project has two main aims: 1) to assess the current use of depression care in CHD patients who are hospitalized or receive ambulatory care at a cardiology clinic and 2) to provide estimates for the resources needed to implement guideline-oriented depression health care acceptable to CHD patients with comorbid depression. Specifically, the investigators will assess rates of and satisfaction with depression health care use in hospitalized CHD patients within 1 year after hospitalization; perceived need for depression care and patient preferences for different types, settings, and providers of these services; correlates of depression health care use and patient preferences; and the amount of patients in need of depression health care according to existing recommendations.

The secondary objective is to assess direct and indirect costs associated with depressive symptoms and depression care use across 1 year (as indicated by quality of life, event-free survival, productivity, and health care costs).

Inclusion criteria: age \( \geq 18 \) years, confirmed CHD hospitalized in the coronary care units of 2 university hospitals in Germany. Exclusion criteria: chart-documented dementia disorder, cognitive impairment, life expectancy \(< 1 \) year, unavailability for follow-up, insufficient proficiency in German or Turkish languages.

Study start: June 2012
Study end: December 2014

This study is currently recruiting participants. Contact Jacqueline Müller-Nordhorn, Medizinische Klinik m. Schwerpunkt Kardiologie, Charité Universitätsmedizin, Berlin, Germany, 13353; 0049-30-450-570 ext. 873; jacqueline.mueller-nordhorn@charite.de.

Genetic Determinants of Congenital Heart Disease Outcomes (GECHO)

For physicians caring for children with congenital cardiac defects, perhaps the biggest challenge is to improve the survival and functional outcomes of patients with severe defects requiring surgical repair or palliation in the first month of life. These cardiac defects are associated with 5-year mortality rates of up to 30% and significant disabilities in many of the survivors. As with every medical condition, patient outcomes depend on the complex interaction of the disease process, the medical and surgical interventions to treat the disease, and the inherent capacity of the patient to respond to both the disease and its treatment.

For patients with severe cardiac defects, the greatest risk occurs during and shortly after their neonatal surgical repair. There is a wide range of outcomes after this surgery, even between patients with similar clinical features, which suggests individual differences in patients’ abilities to respond to this stress that are determined by

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differences in their genetic traits. In this study, we will examine the contribution of gene-environment interactions to perioperative and short-term outcomes in neonates with severe congenital cardiac defects. The goals is to determine 1) if the oxidative stress pathway is important for therapeutic intervention in neonates with severe congenital heart defects and 2) if variants in the oxidative response pathway can be used to identify patients at increased risk for adverse outcomes.

Inclusion criteria: age ≤30 days, d-transposition of the great arteries or single-ventricle cardiac disease, planned arterial switch operation or stage I surgical palliation (Norwood) with aortic arch reconstruction.

Exclusion criteria: known trisomy 13, 18, or 21; any major noncardiac anomaly that precludes cardiac surgery.

Study start: March 2011
Study end: December 2019

This study is currently recruiting participants. Contact Constance Burke, University of Michigan Health System, Ann Arbor, MI 48109; 734-936-0734; cnburke@umich.edu.