FOR THE PATIENT

DEPRESSION AMONG HISPANIC WOMEN WITH DIABETES

People with type 2 diabetes must be encouraged to control their disease. This is best done by following diet and exercise recommendations, taking medications and checking blood glucose levels each day. For those who might have other conditions such as depression, it may be more difficult to do all the required tasks to manage diabetes. Some studies have shown that persons who suffer from both diabetes and depression have poor control of their disease. Poor control of diabetes can lead to a higher risk of dying from diabetes and its complications.

In South Florida, 126 Hispanic women who had type 2 diabetes were tested for depression. Only about 14% of these women had good blood glucose levels. We grouped the women into four groups according to their depression tests: 1) minimally (not depressed); 2) mildly; 3) moderately; or 4) severely depressed. The women in the moderately and severely depressed groups rated their health as poorer, knew less about the disease and how to take care of diabetes than the women in the mildly or minimally depressed groups. These same women also had higher blood sugar levels and scored higher on a stress test.

Only two of the women in the study had been evaluated for depression before the study. At the time of the study, no one said they were being treated for depression.

The researchers recommend that doctors screen women with diabetes for depression. In addition, persons with diabetes should know that seeking treatment for depression may result in better diabetes management and health.

Source: Depression Among Hispanic Women with Type 2 Diabetes
Zara C. Shah; Fatma G. Huffman

RACE, STRESS AND THE HEALTH OF AFRICAN-AMERICAN WOMEN

Stress is something we all experience. Everyday hassles, along with the major life challenges of losing a loved one or changing jobs, for instance, are events that most of us face one time or another. Stress is a normal part of life. If stress goes on for too long it could lead to serious health problems, such as high blood pressure and heart disease. Too much stress over a long period of time weakens the body's defenses and lowers our protection against all kinds of diseases. Some researchers believe that stress might be the reason why pregnant African-American women have a greater chance, as compared to women from other racial and ethnic groups, of having babies born too soon (premature) and too little (low birth weight). Even African-American women who are highly educated and have prenatal care have a greater chance of delivering their babies too early.

Although everyone experiences stress, African-American women are likely to face certain problems because of both race and gender. In our study, we wanted to find out about the stress that African-American women felt in their homes, communities, at work, and other places. Women living in Atlanta told stories of their lives and the stress they confronted in those lives. During gatherings of small groups throughout the city and in one-on-one interviews, African-American women talked about the racism that threatened them and their children. They talked about the difficulty of having so much responsibility for so many people and having to take care of a lot of things with often little resources.

From the women's stories, we put together a test to measure stress caused by race and gender. We learned from listening to the women and measuring their experiences that stress is related to anger and anxiety, feelings that lead directly to poor health. The test showed us that discrimination and having too much to do can cause African-American women to feel alone and overwhelmed. This makes their mental and physical health suffer. Stress caused by being female and African American was connected to depression. Depression is a disease that can prevent women from doing the things they like to do as well as lead to heart disease.

What can be done about this stress caused by race and gender? You can take time to care for yourself. Eating well, exercising, relaxing, engaging in spiritual practices, especially meditation, and fostering friendships all help. If you follow these basic steps, you can have more energy and strength. This will not only help yourself but you can also help organize and educate others. Together we can reduce the high rates of poor health in our communities and the oppression that causes it.

Source: The Development of a Race and Gender-Specific Stress Measure for African-American Women: Jackson, Hogue, Phillips Contextualized Stress Measure

Fleda Mask Jackson, PhD, MS; Carol Rowland Hogue, PhD, MPH; Mona Taylor Phillips, PhD

UNDERSTANDING THE HEALTH PROBLEMS OF ASIAN AMERICANS

The Asian American and Pacific Islander (AAPI) population in the United States is growing quickly—from 7.3 million in 1990 to 12.1 million in 2000. We have had little information about how healthy this group is and often the smaller ethnic groups were reported among the larger Asian American groups like the Japanese or Chinese.

In our study of records from the Kaiser Permanente Medical Care Program, we were able to find out more about the health of Chinese, Filipinos, Japanese, South Asians and those saying they were from other Asian countries. We found out that Filipinos were most likely to have hypertension (high blood pressure) and South Asians (Indian, Pakistani, Sri Lankan, Bangladeshi) were more likely to suffer heart attacks. Many people in the study were at risk of heart disease and should be encouraged to change lifestyle habits, such as smoking, poor diet, overweight, and lack of exercise that can lead to heart disease.

After reviewing answers given to questions about symptoms, we also found that Filipinos had poorer health status than Chinese. Compared to Whites, those in the AAPI groups also had more blood clots in their veins, more asthma symptoms, and more stomach ulcers. The findings from this study show us that it will be important to review health cases of the separate Asian ethnic groups to better understand how we can improve health for all people.

Source: Health Problems and Hospitalizations Among Asian-American Ethnic Groups

Arthur L. Klatsky, MD; Irene Tekawa, MA

PULSE PRESSURE AMONG US ADULTS

In this study, we looked at pulse pressure to find out how it might link to someone's chance of having high blood pressure and later heart disease.

Blood pressure is the measurement of the blood's force against the artery walls as the heart beats (systolic blood pressure) and rests (diastolic blood pressure). Pulse pressure is the difference between these two measurements. For example, if your blood pressure is 120/80 mm Hg, your pulse pressure will be 120-80 or 40. In general, the higher the blood pressure, the higher the pulse pressure. Higher pulse pressure could mean that your arteries are stiffening. This could lead to more risk for heart disease, stroke, and diabetes.

The levels of pulse pressure differ by groups of people. Compared to women, men have higher pulse pressures. And, compared to Whites, Blacks and Mexican Americans have higher pulse pressures. If you are a Black or Mexican-American man and are overweight, you are more likely to have high levels of pulse pressure. You should be aware of the dangers this may cause you, and think about ways to lower pulse pressure.

Fortunately, you can reduce high pulse pressures by exercising regularly, eating healthy foods, and keeping your weight at a normal level. Research shows that those with higher incomes and who use recommended medicines can also reduce high levels of pulse pressure. Medication for high blood pressure is important and effective. It can also be expensive and may be needed for a long time. It may also be hard to take as recommended. Other options exist.

For overweight people, losing weight can lower blood pressure. Also, studies have shown that those with higher incomes and levels of education enjoy lower pulse pressure. Those who complete more years of education may receive many benefits. Increased skills, training and greater chance for increased income may lead to better health, including lower pulse pressure. By being aware of, and reducing high pulse pressures, we can increase quality and length of life.

Source: Race/Ethnic and Sex Differentials in Pulse Pressure Among US Adults

Richard G. Rogers, PhD; Jarron M. Saint Onge, BA

HEART DISEASE RISK FACTORS FOR CUBAN AMERICANS

Coronary heart disease (CHD) is the leading cause of death among Cuban Americans. In order to prevent CHD events, it is important to understand the lifestyle habits that lead to heart disease. This report examined heart health lifestyle habits among Cuban Americans.

Diet

As part of the Hispanic Health and Nutrition Examination Survey (HHANES) study, researchers asked Cuban Americans to remember what they had eaten in a 24-hour period. HHANES was conducted from 1982–1984. Based on the reports from the HHANES the Cuban-American diet had more total and saturated fat than recommended. Their diet also had high amounts of cholesterol, probably because Cuban Americans reported eating a lot of beef, chicken, pork, and seafood. Many Cuban Americans ate junk food daily. They said they ate few fruits and vegetables.

Overweight, Smoking, and Drinking

In another study, the National Health Interview Survey (NHIS), researchers found that Cuban Americans were the most overweight among all US ethnic groups. Added to the overweight problem, HHANES found many Cuban Americans and especially the younger men smoked frequently and heavily (20 cigarettes/day). In contrast, Cuban Americans tend to be moderate drinkers—a habit that may offer some protection against CHD. We don't know that much about exercise and Cuban Americans.

Blood Pressure, Cholesterol, and Diabetes

From the HHANES report, we know that 21% and 14% Cuban American men and women have blood pressure levels above 140/90 mm Hg (hypertension) or are currently taking medicines to keep their blood pressure at this level. It also reported that Cuban Americans have high levels of high-density lipoprotein cholesterol (good cholesterol). Diabetes is a strong risk factor for heart disease and about 16% Cuban Americans have diabetes. This is about twice as high as levels found in White Americans.

Environmental Factors

Cuban Americans were reported to have levels of income similar to non-Hispanic Whites. They had low rates of depression, and were less likely to take on many harmful habits of the Western world compared to other Hispanic groups.

What You Can Do

The researchers of this article suggest Cuban Americans take these steps to decrease heart disease and death: quit smoking; eat a healthy diet; exercise regularly; lose weight if you are overweight or obese; and keep your blood pressure under control.

Source: Coronary Heart Disease Risk Factors Among Cuban Americans
Subrata D. Nath, MBBS, MPH, PhD

DIABETES AFFECTS YOUR HEART, TOO

Diabetes and the increased blood sugar it creates are harmful to the heart and other organs in the body. Often, the effect on the heart goes unnoticed until it is too late.

This study of 50 persons with diabetes found that the way the heart functions is affected by diabetes. It is made even worse when the person also has high blood pressure. The change in heart function is difficult to detect. It is believed to start early in the disease process. The study points to the need to have good control over blood sugar and hypertension to reduce the risk of heart damage by diabetes.

Source: Left Ventricular Function in Type 2 Diabetes Patients Without Cardiac Symptoms in Zaria, Nigeria
Solomon S. Danbauchi, MBBS, FWACP; Felicia E. Anumah, MBBS, FMCP; Mohammed A. Alhassan, MBBS, FMCP; Samuel O. David, MBBS; Professor Geoffrey C. Onyemelukwe

HOW FAT TISSUE AFFECTS DISEASE

Recently, there has been increased interest in the role of fat tissue in different diseases. A group of newly discovered substances in the blood are called peptides. Peptides from fat tissues may link obesity with type 2 diabetes, hypertension and heart disease. One of the fat peptides is called adiponectin. Adiponectin may prevent type 2 diabetes, hypertension and cardiovascular diseases (CVD). Obesity and early signs of diabetes happen when adiponectin

levels are low. Another peptide called TNF-alpha does the opposite and also comes from fat tissue (and other tissues). High levels of TNF-alpha are linked with type 2 diabetes and heart disease. If we can increase adiponectin and lower TNF-alpha it may help prevent type 2 diabetes and heart disease. Currently, one class of diabetes medicine known to do this is called thiazolidinediones (TZDs). TZDs may also increase adiponectin and lower TNF-alpha. In the present study, twelve weeks of a potent TZD, called Rosiglitazone, improved glucose control and resistance to insulin in African American with type 2 diabetes. There was an increase in adiponectin, but not TNF-alpha levels. We also found that Rosiglitazone did not change the amount of genetic material in fat cells that makes adiponectin and TNF-alpha. Thus, we believe that adiponectin, but not TNFa, could play a significant role in the development of type 2 diabetes and heart disease in high risk African Americans. The benefit of TZDs may be partly due to their effects on adiponectin in African Americans. The role of fat tissue peptides in African Americans needs to be studied more.

Source: Discrepancies in the Regulation of Plasma Adiponectin and TNF-α levels and Adipose Tissue Gene Expression in Obese African Americans with Glucose Intolerance: A Pilot Study Using Rosiglitazone

Kwame Osei, MD; Trudy Gaillard, RN, MS, CDE; Charles Cook, MD; June Kaplow, PhD; Matthew Bullock, BS; Dara Schuster, MD

WHY DO SOME WOMEN AVOID FOLLOW-UP CARE FOR BREAST CANCER?

More women are being screened for breast cancer than in the past. Because of it, more women are surviving breast cancer. But, the battle is not won yet. Some women do not get mammography screening. Some who have been diagnosed with breast cancer don't follow the doctor's recommendations.

Some studies show that women with breast problems such as pain or lumps in the breast are more likely to go to the doctor. Little is known about what makes them, especially minority women, seek or use the doctor's advice.

In this study, the researchers examined what factors were linked with low-income Latinas who returned to the doctor after a mammography with poor results. The researchers conducted telephone interviews with 535 women. They also did face-to-face interviews with 31 doctors or health professionals from three medical facilities in the Los Angeles area. Most of the women were under 50 years old and unmarried. Most were also born in a different country, and half had six or fewer years of school. The health professionals included radiologists, technicians, nurses, and support staff. Most of them were women.

According to the women, the problems most often reported for missing appointments or not following doctor's advice included: financial issues, fear of pain, and difficulty finding their way through the healthcare system. The health professionals, on the other hand, said they thought the reasons women did not followup with the doctor were different. They thought age, pain, transportation, household or employment responsibilities, scheduling or wait times for appointments, waiting times to be seen by providers, and clinic hours were the main problems. Interestingly, the women did not say these were the reasons for poor followup.

Breast cancer is a life-threatening disease. It is not surprising that women will get follow-up care as long as access to it is not limited. Solutions to the women's major problems in getting care—cost, distance, and getting through the health system—should be found to further improve breast cancer survival rates.

Source: Barriers to Breast Abnormality Follow-up: Minority, Low-Income Patients' and Their Providers' View

Celia Patricia Kaplan, DrPH, MA; Pamela I. Erickson, PhD, DrPH; Merrill Eisenberg, PhD; Lori A. Crane, PhD, MPH; Susan Duffey, BA

HAIR RELAXER NOT LINKED TO EARLY BIRTHS

Babies of African-American women are born early about twice as often as the babies of White women. Early (premature) birth can lead to serious health problems for the baby. Despite a great deal of research, we do not know why the premature birth rate is higher for African-American babies.

African-American women use hair relaxers much more often than other US women. Hair relaxers are not regulated by the US Food and Drug

Administration (FDA). It is possible that they contain unknown harmful chemicals. Hair relaxers can enter the body through cuts in the scalp. It is possible that chemicals from the relaxers might reach organs involved in the birth of a baby and lead to premature births.

To determine if hair relaxer use is related to premature birth, we used information collected from participants in a large study of healthy African-American women, called the Black Women's Health Study. Starting in 1995, the participants filled out health questionnaires every two years. They provided information on many factors, including births and the use of hair relaxers.

We compared the hair relaxer use of 497 women whose babies were born prematurely with hair relaxer use of 5,633 women whose babies were born full term. There was no difference in use between the mothers of the premature babies and the mothers of the full term babies. Another study on hair relaxers also found that there was no difference in use of hair relaxers between mothers of full-term or premature babies. We concluded that studies to date suggest that hair relaxer use does not affect the occurrence of premature births.

Source: Hair-Relaxer Use and Risk of Preterm Birth Among African-American Women

Lynn Rosenberg, ScD; Lauren A. Wise, ScD; Julie R. Palmer, ScD

USE OF ASPIRIN LOWER AMONG ETHNIC POPULATIONS

Heart disease and stroke are leading causes of death in the United States. Using aspirin has been shown to lower rates of heart disease and stroke.

This study wanted to find out if groups of ethnic people were taking aspirin regularly to prevent heart disease or stroke. The study found that African Americans and Hispanics are less likely than Whites to take aspirin regularly. Even of the adults with heart disease or stroke, fewer African Americans and Hispanics were taking aspirin than Whites.

The decision to use aspirin for the prevention of heart disease or stroke is one that individuals should make together with their doctor. Educational efforts that target Hispanic and African-American populations for the prevention of heart disease and stroke should include information about the health benefits of aspirin use.

Increasing the doctor-approved use of aspirin among African American and Hispanic populations may help reduce heart disease and stroke within these populations.

Source: Racial Differences in the Use of Aspirin: An Important Tool for Preventing Heart Disease and Stroke

David W. Brown, MSPH, MSc; David Shepard; Wayne H. Giles, MD, MSc; Kurt J. Greenlund, PhD; Janet B. Croft, PhD

GENETIC SCIENCE WORKING TO FIND SOLUTIONS FOR HEALTHIER HEARTS

Blacks in the United States typically have higher levels of HDL (the good cholesterol) and lower triglyceride levels (blood fat) than Whites. This is a good thing and helps to protect against cardiovascular disease. However, US Blacks are much more likely to have other risk factors, such as obesity and hypertension. Also, Blacks have a higher rate of dying from coronary disease (heart attacks) even though they have a similar or even lower rate of heart disease than Whites. A gene has been identified that may explain the HDL advantage in Blacks, but no one knows why triglyceride levels are lower in Blacks.

This study examined other potential genes that might explain these ethnic differences. This could help doctors better understand how blood cholesterol affects heart disease risk in different ethnic groups. This study of young (average 18 years old) Black and White Americans tested differences in four genes to see if they are related to different types of cholesterol.

Here's what we found

A variation in the ApoB gene, which contains part of the body's instructions for making LDL (bad cholesterol), was related to total cholesterol. It made a bigger difference in adolescents and people who were heavier. Though LDL is called bad cholesterol your body needs a certain amount of it to live. It is only dangerous for your heart if you have too much.

A variation in the TNF alpha gene, which contains the body's instructions

for making a chemical that is important for the immune system, was related to HDL (good cholesterol) in males only.

A variation in the bad cholesterol receptor gene (part of the cell that answers when bad cholesterol calls), which contains the body's instructions for making a molecule that allows cells to interact with LDL, was related to triglycerides. Remember, Blacks tend to have lower triglycerides than Whites. Blacks are much more likely to have the ''lucky'' gene variation (allele) than Whites. More than nine out of ten Blacks, but only about half of Whites have this lucky allele. Therefore, this gene variation might explain part of the lower triglyceride levels in Blacks.

Like other studies, we found another gene, the PPAR gamma gene variation, was too rare in Blacks (only 2 out of 100 have the less common allele). We could not answer questions about it. We did not find any effect of this gene variation in Whites.

So what does this mean to me and my family's medical care

This study may not affect your family's medical care yet. It will help scientists to better understand how cholesterol works and to figure out how to keep us healthy. Taking ethnic differences into account in medical care, rather than assuming that what works for Whites should work just as well for others, may help to improve the health of minorities. These gene variations may eventually help scientists invent more effective treatments to help people protect their hearts based on how their cells work rather than just guessing from a person's skin color.

Source: Genetic and Environmental Determinants of Lipid Profile in Black and White Youth: A Study of Four Candidate Genes

Catherine L. Davis, PhD; Xiaoling Wang, PhD; Harold Snieder, PhD; Frank A. Treiber, PhD

LANGUAGE IS IMPORTANT TO DIABETES CARE

If your doctor or nurse does not speak your language, what's the best way to learn about avoiding diabetes and its complications?

People with diabetes are more likely to get heart disease and have a heart attack than people without diabetes. Many people with diabetes, including Latinos, do not know they are at risk for heart disease.

The good news is that, even if you have diabetes, you can take steps to protect your heart. Your doctor, or other healthcare provider, can help decide what steps are right for you. For example, it is important to take medications as prescribed to control blood sugar, blood pressure, and cholesterol. Manage your weight by being active and eating healthy foods. Don't smoke and find healthy ways to manage stress.

If you're like most people, you may find it hard to take these steps on your own. Learning about these healthy habits, and then sticking with them, is easier if you work together with your doctor.

Unfortunately, people with diabetes who speak a different language than their doctor may not get enough education about these heart-healthy habits. A language difference can make conveying important health information difficult. This can be problem for Latinos in the United States. Of course, if you or someone you know are more comfortable speaking Spanish, then working with a doctor who speaks Spanish fluently, or as a first language, is ideal.

If there is not a Spanish-speaking health professional in your area, you might think about using a medical interpreter. A professionally trained medical interpreter will makes sure you understand your doctors' recommendations. They also make sure that your doctor understands your concerns.

Research shows that Spanish-speaking patients with diabetes who want to use a professional medical interpreter, but don't, know less about their risk for heart disease. Often, the patient's friends or family members may be asked to interpret. But, research shows that when friends and family interpret, there is still a lot of misunderstanding. For this reason, people who speak a different language than their doctor should always request a professionally trained medical interpreter—even if the doctor does not offer one.

If your doctor does not want to work with an interpreter, consider finding a different health care provider who will. But, chances are your doctor will be willing to work alongside a medical interpreter if one is requested. So, if someone you know speaks a different language than their doctor, encourage them to request a professional medical interpreter. Or, request a professional medical interpreter for them. This is one way you can help them care for their diabetes, and their heart will thank you for it!

Spanish translation follows.

¿Qué hacer cuando tu médico o tu proveedor de servicios de salud no habla tu idioma? ¿Cómo puedes orientarte

para evitar complicaciones debido a la diabetes?

Los diabéticos son mas propensos a adquirir enfermedades del corazón y a tener ataques del corazón, que otras personas que no tienen diabetes.

Muchos diabéticos no conocen acerca de los riesgos que tienen de sufrir alguna condición del corazón. Esto incluye a los diabéticos que son latinos o que solo hablan español.

Las buenas noticias son que, aunque tengas diabetes, puedes hacer algo para proteger tu corazón. Tu médico u otro proveedor de salud, puede ayudarte a decidir sobre lo que debes hacer. Por ejemplo, es importante:

- Tomar los medicamentos según prescritos, para controlar el azúcar en la sangre, la presión arterial y el colesterol.
- Mantener un peso saludable, estando activos físicamente y comiendo alimentos saludables.
- No fumar o usar tabaco.
- Y encontrar maneras adecuadas de manejar el ''stress'' o la ansiedad.

Conocer sobre estos hábitos saludables y luego poder mantenerlos es más fácil si lo haces mano a mano con tu médico.

Desafortunadamente, los diabéticos que no hablan el mismo idioma que el doctor, puede que no reciban la orientación o la educación adecuada sobre estos hábitos saludables para el corazón. La diferencia en el idioma puede hacer difícil la transmisión de información importante sobre la salud.

Cuando tú o alguien que tú conoces se siente mas cómodo hablando español, entonces el poder trabajar con un médico que hable bien el español sería lo ideal. Pero, es posible que en el área donde vives no haya un médico que hable español. Entonces es que un intérprete profesional entrenado en medicina es la mejor alternativa.

El intérprete profesional entrenado en medicina se asegura de que:

- El paciente entienda las instrucciones y recomendaciones de su médico.
- El doctor entienda las inquietudes, preocupaciones y necesidades particulares del paciente.

Estudios demuestran que:

- Los pacientes diabéticos que no hacen uso de un intérprete médico, conocen poco acerca de los riesgos que tienen de adquirir enfermedades del corazón.
- Cuando son los amigos o los familiares del paciente los que sirven de intérpretes, aún se dan muchos malos entendidos.

Por esta razón, las personas que hablan otro idioma diferente del que habla su doctor, siempre deben pedir un intérprete profesional entrenado en medicina, aun cuando el doctor no se lo ofrezca. No deben sentir temor de pedirlo aún cuando no siempre los médicos tienen disponible un intérprete profesional entrenado en medicina. En ese caso, es preferible utilizar de intérprete a un amigo o familiar.

Por otro lado y por variedad de razones, hay algunos doctores que no están dispuestos y se niegan a usar un intérprete, aunque los haya disponibles. Ante esta situacion se le recomienda que considere buscarse otro proveedor de cuidados de salud diferente, que este dispuesto a trabajar con intérprete. Esto puede ser la excepción pues lo mas probable es que tu doctor este dispuesto a trabajar junto a un intérprete, si se le pide.

¡Así que no seas tímido o tímida para pedir un intérprete! Es una parte importante del cuidado médico de tu diabetes. Tu corazón te lo agradecerá.

Source: Knowledge of Heart Disease Risk Among Spanish Speakers with Diabetes: the Role of Interpreters in the Medical Encounter

Julie Wagner, PhD; Gina Abbott, PhD; Kimberly Lacey, DNSc, MSN, APRN

RECRUITING FOR CLINICAL STUDIES

In our study, we looked at ways to get the community involved in clinical studies by using two approaches: 1) health fairs at public housing developments to recruit participants; and 2) using Community Outreach Residents (CORE), usually public housing residents, to recruit and encourage study participants throughout the study period.

The clinical trial, Pathways to Health (PATH), examined the effects of nicotine gum and motivational interviewing (MI) counseling on smoking rates. A comparison group received an attention control intervention focused on fruit and vegetable consumption.

Participants were cigarette smokers living in housing developments. Over a period of 20 months, CORE and project staff recruited 818 housing development residents to attend health fairs that served as recruitment stations. Through these efforts, 174 low-income smokers were enrolled into this community-based clinical trial.

The strategies presented in more detail in our article may be useful to others for recruiting and retaining minority participants in community-based clinical trial, particularly in low-income settings. Suggestions for re-

searchers interested in making a difference in low-income communities or wishing to use health fairs as recruitment devices are provided.

Source: Strategies for Recruiting African-American Residents of Public Housing Developments into a Randomized Controlled Trial

Shawn K. Jeffries, PhD; Won Choi, PhD, MPH; James Butler, DrPH; Kari Jo Harris, PhD, MPH; Jasjit S. Ahluwalia, MD, MPH, MS

PREVENT OR CONTROL DIABETES—IT'S IMPORTANT TO YOUR HEART

The hemoglobin (Hb) A1C test is used in persons with diabetes to estimate how well a person's blood glucose has been controlled during the past three months. High HbA1C levels may mean a person has or will have other complications from diabetes.

This study was designed to determine the average HbA1C level in persons with diabetes. The study provides more information about the racial/ethnic differences in diabetes control.

To conduct our study, we used a national sample that included both people who know they have diabetes (diagnosed diabetes) and people who have diabetes but do not yet know they have diabetes (undiagnosed diabetes). This national sample was analyzed to determine the racial/ethnic differences in the HbA1C levels of persons with diagnosed diabetes and persons with undiagnosed diabetes.

According to the study, 8% of US adults have diabetes and one in 5 do not know they have diabetes. More than half of all persons with diagnosed diabetes have high HbA1C levels, meaning that their diabetes is poorly controlled and they are at high risk for developing complications. Almost half of all persons with undiagnosed diabetes have high HbA1C levels. This combination of both unknown and uncontrolled diabetes is likely to cause complications that could be prevented or delayed with earlier treatment.

In this study, African Americans were more likely to have both diagnosed and undiagnosed diabetes than Whites or Hispanics. African Americans and Hispanics with diabetes had higher HbA1C levels than Whites. This could be due to a number of reasons. Many people at-risk for diabetes are unaware of the severity of disease and do not seek routine screening. Other factors include poor access to health care, lack of health insurance, and higher rates of obesity.

This study also showed that increasing age and increasing weight are directly linked to poorly controlled diabetes. Persons with lower incomes are also more likely to have poorly controlled diabetes.

In conclusion, the results of this study indicate that all people, and especially African Americans and Hispanics, should pay more attention to screening and treatment of diabetes. Patients who do not have diabetes should ask their doctor for routine diabetes screening and, patients with diabetes should work with their doctors to improve control of blood glucose and other risk factors that cause complications.

Source: Hemoglobin A_{1C} Levels in Diagnosed and Undiagnosed Black, Hispanic, and White Persons with Diabetes: Results From NHANES 1999–2000

John M. Boltri, MD; Ike S. Okosun, PhD; Monique Davis-Smith, MD; Robert L. Vogel, PhD

EXERCISE AND HOW IT AFFECTS RISK FACTORS FOR HEART DISEASE AMONG ASIAN INDIANS

People of South Asian origin have high levels of triglycerides, low levels of the "good" cholesterol (HDL-cholesterol) and carry more weight around their waistline than others. When one person has a combination of these types of conditions, it is known as the metabolic syndrome. People with metabolic syndrome are at high risk of developing heart disease and type 2 diabetes. Doctors recommend that those with metabolic syndrome should lose weight and increase physical activity. In our study, we looked at how exercise affected metabolic syndrome in Americans of Asian Indian origin.

Among our study group, a third of the men and women ages 29–59 had metabolic syndrome and up to 42% of those 40–59 years of age had metabolic syndrome. Few participants reported

leisure time activity. Of those, men were more active than women. Forty percent women and 10% men reported no leisure activity. Men said they exercised an average of 45 minutes a week; women reported an average of 15 minutes a week exercising. These levels of exercise are much lower than the ''30 minutes per day of moderate intensity physical activity on most days of the week'' recommended by experts for the prevention of chronic disease in all US adults.

Some study participants reported light exercise such as ''walking for pleasure'' or ''walking during work breaks.'' This activity level did not appear to be linked to reduced risk factors for the metabolic syndrome. Treadmill use was the most frequently reported home exercise of moderate intensity reported by both men and women. For men, this activity appeared to be linked with fewer cases of metabolic syndrome, lower fasting glucose levels, and lower serum triglyceride levels. We did not find the same thing for women because the women reported little, if any, use of the treadmill.

Men reported that the most difficult exercises they did most often were: ''health club exercise,'' ''swimming,'' ''jogging/walking,'' ''mowing lawn with non-motorized push mower,'' and ''taking stairs instead of the elevator.'' Women reported swimming as the most difficult exercise. People who did these exercises were more likely to have smaller waists than those who did not.

Low levels of physical activity were linked with levels of low HDL-C or the ''good'' cholesterol. For men, higher levels of HDL-C were noted for those who exercised more often than those who reported less exercise. Leisure time physical activity levels were not linked with favorable changes in blood pressure in either men or women.

In our study, we found that Asian Indians who are physically active have a more favorable metabolic syndrome risk factor profile. Our results show the need to encourage physical activity in Asian Indian immigrants, particularly women, to levels recommended by experts for prevention of chronic disease in US adults.

Source: Leisure Time Physical Activity and Metabolic Syndrome in Indian Americans Residing in Northern California

Kiran B. Misra, PhD, RD; Sarah W. Endemann, MS; Mandeep Ayer, MD