MEMORY AND MILD MENTAL LOSS IN BLACK AND WHITE COMMUNITY ELDERS

Mild mental loss (known as mild cognitive impairment or MCI) is a problem facing many older adults. People with MCI complain that they are not remembering things as they used to and score below average on memory tests. The purpose of this study was to look at age, depression, education, gender, memory complaints, and race as they related to memory performance. Eighty-nine African and 83 Caucasian Americans, 70 years of age and older, participated in this study.

In this sample, African Americans scored lower on the memory performance test, reported fewer years of education, and reported more depression. However, they did not report more complaints about their memory. Of the six items measured in this study (sex, race, age, education, depression, and memory complaints), only age and race were related to memory performance.

Memory complaints were not related to memory performance in our study. This finding differs from other research in this area that found memory complaints to be associated with memory performance. Furthermore, the African American participants reported no more memory complaints than the Caucasian American participants, despite having lower memory performance scores. Future studies should investigate the relationships between reported memory complaints and memory performance in different racial groups, especially when memory complaints may be used by physicians to signal MCI.

Even though age and race were related to memory performance in this study, other studies have found different results. For example, researchers have suggested that a combination of age, education and socioeconomic status (income level) may be related to brain function, but studies on age have been unclear.

If differences in age, sex, education, depression, and memory complaints across the two racial groups are not responsible for the differences in memory performance, then what is? One possibility is that physical and mental health differences were responsible; however, a separate analysis did not support that idea. Another possibility is that socioeconomic status may explain these differences more than education level. A third possibility may be potential cultural biases in memory performance measures. Future investigations should consider a broader representation of socioeconomic factors. We should also make sure the tests for memory performance are appropriate for racially diverse groups.

This study provides interesting information on the everyday memory function of a mixed racial sample of Black and White older adults in a local community. Because mild memory problems are sometimes an early sign of MCI or of other mental illness, and because memory function is critical to live independently, then memory loss with aging is a worthwhile area of study. The continued investigation of memory performance and mental aging in real world contexts with diverse samples of older adults will advance knowledge of memory performance, MCI, and mental illness.

Source: Memory Performance and Mild Cognitive Impairment in Black and White Community Elders

Graham J. McDougall Jr., PhD, RN; Phillip W. Vaughan, MA; Taylor W. Acee, MA; Heather Becker, PhD

MANAGING CARDIOVASCULAR RISK FACTORS IN HIGH-RISK AFRICAN AMERICANS

Cardiovascular disease (CVD) is and will remain the leading killer in the United States, even though there have been fewer deaths due to CVD during the last part of the 20th century. Compared to Whites, Blacks have much higher rates of CVD, which includes heart attacks, strokes, and blockages of the arteries in the legs. Because of this, those in the general population tend to live longer than Blacks.

In addition to the higher rates of CVD, Blacks more often than Whites have individual risk factors such as smoking cigarettes, obesity, high blood pressure, high cholesterol, diabetes, or physical inactivity. It is not unusual for Blacks to have more than one of these risk factors, which places them at higher risk of CVD. In fact, for those with more than one risk factor, their chance of having CVD multiplies because the combination of the risk factors is more harmful than each risk factor on its own. Blacks are often not diagnosed and, even if diagnosed, may not receive proper treatment. Many seek a doctor's

care only after they have suffered a heart attack, stroke, or blockage in the arteries in the legs.

High-risk Blacks who have many risk factors need new approaches to achieve more access to medical care and better treatment. Doctors should help these patients with ways to make healthy lifestyle choices, as well as to prescribe medications known to be effective.

We need to empower the Black community to improve their health. To do so, we must use strategies such as making sure healthcare providers are culturally sensitive to their patients and offer support through various healthcare settings. To achieve these goals, we need to increase the number of Black healthcare professionals and we must improve the cross-cultural skills of all healthcare providers.

Our article provides proposed guidelines for the management of high-risk Blacks with many risk factors for CVD. Lifestyle changes, such as quitting smoking, improving diet and increasing physical activity, combined with medications, as needed, have proven successful in reducing CVD risk. In particular, for high cholesterol and high blood pressure, research is finding that lower is better; we propose doctors manage high-risk Black patients with an aggressive schedule of lifestyle changes and medications, as needed. For high cholesterol, a class of drugs known as statins will generally reach recommended goal levels; for high blood pressure, combination drugs are usually necessary.

Using these guidelines for high-risk Blacks with multiple risk factors for CVD would reduce the number of deaths, heart attacks, stroke, and blockages in the arteries of the leg. Then, reduced CVD would contribute to lowering the disparity in the higher rates of death in Blacks compared with Whites.

Source: Guidelines for Management of High-Risk African Americans with Multiple Cardiovascular Risk Factors: Recommendations of an Expert Consensus Panel
Richard Allen Williams, MD; John M. Flack, MD, MPH; James R. Gavin, III, MD, PhD; Wendy R. Schneider, RN, MSN; Charles H. Hennekens, MD, DrPH

FINDING WAYS TO PREVENT AND TREAT ANEMIA

Anemia is a condition occurring when there are a lower-than-normal number of red blood cells (erythrocytes) in the blood. It is usually measured by a decrease in the amount of hemoglobin, which is the red color in red blood cells that carry oxygen. Anemia usually results from not getting enough iron from the diet. It is very common in women and children worldwide. In the Turks and Caicos Islands (TCI), it is a public health problem caused from not eating foods rich in iron. TCI, a Caribbean country with a fast growing economy, has enough food for everyone.

The body needs iron to make hemoglobin (Hb). When the amount of hemoglobin in the blood falls below a certain level, the person has anemia. Low levels of iron may also cause a weak immune system, tiredness, slow academic performance and development in children, and small babies for pregnant women.

The amount of iron the body gets from foods depends on many things. These include how much iron it has stored up, how much iron it needs, the amount and type of iron in foods, and which foods are eaten together.

It is easier for the body to get iron from meats, called heme iron, than from plant foods, called non-heme iron. Fruits and vegetables, which are rich in Vitamin C, help the body get iron from foods. However, foods like coffee and tea have substances that prevent the body from getting iron from foods.

Published reports of anemia in children in the TCI date back to the 1970s. Along with reports of anemia in pregnant women, they are the reason for a study done in the 1980s. It was the TCI's first and only national, dietary survey. It looked at the relationship between diet and anemia on three islands (Grand Turk, Providenciales and Middle Caicos).

This study found that of the three islands, diets of more households on Middle Caicos did not have enough iron. This helps to explain the fact that anemia was highest for Middle Caicos children. The study also showed that, overall, not enough fruits and vegetables, rich in Vitamin C, were eaten. This was especially true for Middle Caicos.

Other than seafood, very little food is produced in the TCI because of low rainfall and sandy soils. Therefore, most foods are imported and will continue to be imported for years to come. At the time of this study, perishable foods such as fresh fruits and vegetables were very expensive. They were not easily available, especially on remote islands like Middle Caicos.

Over the years, transportation to and among the islands has improved dramatically. A wider variety of foods, especially fresh fruits and vegetables, are

available and more people can afford them.

To address anemia, health professionals should identify and treat persons. They should educate people to eat foods rich in iron, and foods that help the body get iron from foods. Safe doses of vitamin/mineral supplements may also be recommended.

As the TCI continues to change, more studies on relationships between diet and health are needed so people can be educated to make healthy food choices.

Source: Anemia in the Turks and Caicos Islands: Exploring the Dietary Link
Terese E. Maitland, PhD, MPH

LEARNING HOW TO REDUCE DEATH RATES IN AFRICAN AMERICAN COMMUNITIES

Rates of death between African Americans and Whites have remained disproportionately unequal since the end of World War II. In our study, we wondered if rates of death were the same on the national level and the local levels. We therefore tried to come up with a method for locating local communities where death rates were the same or lower than national rates and local communities that were not so successful in keeping death rates lower than national average. If we could do this, we felt we would be able to start building a platform for comparing risk factors that could be changed in each community.

Eventually, this type of information could lead to studies about why some communities were successful and possibly point the way to factors that might be changed in less successful communities. Suppose, for example, we had two communities that were pretty much equal in levels of education, income, and poverty. In one of the communities, death rates among African Americans were low and in the other death rates were high. Perhaps the low death-rate community had a healthcare system that people trusted and used, while the other community had a not-so-trusted healthcare system. We could then ask people from each community to share their thoughts about the healthcare situations in their communities. People from other communities could also join in such discussions. These discussions would lead to programs that would expand the number of communities that were doing well.

To test these ideas, we used death certificate data from the US Centers for Disease Control and Prevention (which uses the terms "Black" and "White" when referring to race). We also found a source that identified 41 US counties that were considered similar to Davidson County, Tennessee, which was home base to the study. We then compared Black and White death rates. We found four distinct Black:White death rate patterns and scientific ratios. Knowing that these patterns exist for overall death rates, we can now look for similar patterns in relation to specific diseases.

These descriptions are a first step in a new direction to develop research that will be more successful than past research in identifying situations that can be changed to improve death rates disparity between Blacks and Whites. Such identification, in turn, may make it easier to develop interventions to reduce and eliminate disparities.

Descriptive and Analytic Epidemiologic Studies to Identify Modifiable Determinants of Disparities in Mortality Rates between Blacks and Whites
Robert S. Levine, MD; Nathaniel C. Briggs, MD, MSc; Danielle Hollar, PhD; Baqar A. Husaini, PhD; Charles H. Hennekens, MD; Barbara J. Kilbourne, PhD

HEPATITIS B AMONG KOREAN AMERICANS: FINDING WAYS TO IMPROVE TESTING, VACCINATION, AND BETTER HEALTH OUTCOMES

What is Hepatitis B?

The hepatitis B virus is an important public health concern. The virus spreads through the body's fluids and is 50–100 times more infectious than HIV. It can cause a brief illness with no or mild symptoms after which individuals are immune to future infections. However, ongoing (chronic) infection with the virus can lead to chronic liver disease and liver cancer. Someone with chronic hepatitis B infection is 200 times more likely to develop liver cancer compared to someone without the disease.

Who Does Hepatitis B Infect?

Hepatitis B infection is found in many parts of Asia. Asian Americans have much higher rates of hepatitis B

infection and liver cancer than the general US population.

A safe and effective vaccine against hepatitis B infection is available. Immunization of all newborns is the standard of care in most of the world.

However, the first vaccine for hepatitis B became available only 25 years ago. Therefore, most adults have not been vaccinated and may not know their hepatitis B status. These individuals are vulnerable to the disease or may already be chronically infected and at risk for other serious liver diseases.

Due to their high-risk status, Asian Americans should be tested to identify those who can benefit from vaccination, those who are chronic carriers of the virus and can infect others, and those with chronic liver disease who need monitoring and treatment.

What our Research Found

Despite the high rates of hepatitis B and liver cancer among Asians in the United States, data on testing and vaccination in this population are not available. We surveyed 141 Korean adults to obtain an understanding of hepatitis B testing and vaccination rates as well as knowledge levels and cultural beliefs. This is what we learned from our study:

- 56% of our sample said they had been tested for hepatitis B. Of those tested, about one quarter reported earlier or current hepatitis B infection (they were either chronic carriers or were immune due to a previous infection). Of those who had never been exposed to the hepatitis B virus, only 38% said they had been vaccinated.
- Those most likely to get tested for hepatitis B were males between the ages of 31–35 years who had insurance, a recommendation from a physician to obtain testing, and who were more knowledgeable regarding hepatitis B.
- Participants named the following barriers to getting tested for hepatitis B:
  - fear of a bad diagnosis, which would be a burden to the family if they tested positive for hepatitis B
  - the cost of the test
  - the time it takes to get tested
  - concerns about bringing shame to the family, and
  - feeling uncomfortable about having blood drawn.

We conclude that more research must be done to find ways to increase hepatitis B awareness, knowledge, and testing among Korean American adults with vaccination and followup as needed.

Source: Hepatitis B Testing for Liver Cancer Control Among Korean Americans
Roshan Bastani, PhD; Beth A. Glenn, PhD; Annette E. Maxwell, DrPH; Angela M. Jo, MD

THYROID DISORDERS IN NIGERIA

Disorders of the thyroid gland are not as uncommon in Africans as previously believed. In Nigeria, diseases of the thyroid gland are the second most common disorder of the endocrine system. The endocrine system of the body is in charge of body processes that happen slowly, for example, cell growth.

Often, people with diseases of the thyroid gland have an enlarged thyroid gland known as a goiter. A goiter may work normally; however it may also be over-working (thyrotoxicosis) or under-working (hypothyroidism). This report shows patterns of thyroid disorders in southwest Nigeria.

Our study was carried out in a government-run hospital in Lagos during a 15-month period. All patients with thyroid disorders were recruited into this study. We looked at each patient's health, including body mass index (weight) and complications such as diabetes, hypertension, heart failure, irregular rhythms of the heart, and eye disease, which may be associated with thyrotoxicosis.

We divided the 78 patients into three groups according to the health of their thyroid: 1) normal thyroid function; 2) thyrotoxicosis; and 3) hypothyroidism. Thyroid disorders occurred five times more often in females than in males and usually occurred in patients 40–60 years of age.

On average, patients were overweight and of those with thyroid disorders, 97% had thyrotoxicosis. Thyrotoxicosis was also linked to menstrual irregularities and infertility in women. Most patients (79%) with thyrotoxicosis also had eye complications. Hypothyroidism was found in 5 subjects who had undergone surgery for removal of the thyroid gland. Ten patients had a normal functioning thyroid gland.

To treat thyroid disorders, doctors are limited to medications and surgery. Radioiodine therapy, used in other countries, is not readily available and is only offered at one medical center in Nigeria. Most patients are treated with medications only. A few patients had surgery and these were often lost to followup; only two of the patients in our study had radioiodine therapy. Eight patients (13%) had large goiters, which were affecting other parts of the body resulting in difficulty in breathing, inability to swallow, and hoarseness of the voice.

Our report shows the importance of treating patients with a history of thyroidectomy. With more public education on thyroid disorders and their potential complications, health policymakers should respond with better diagnostic and treatment facilities.

Source: Pattern of Thyroid Disorders in the Southwestern Region of Nigeria

A. O. Ogbera, FMCP; O. Fasanmade, FWACP; O. Adediran, FMCP

WHERE BRAZILIAN MEN STORE FAT MAY BE CLUE TO FURTHER HEALTH PROBLEMS

Recently, many studies have shown that too much body fat, especially around the waist, may cause other diseases. Those with too much fat around the waist (also known as abdominal fat) are more likely to develop diseases such as diabetes, hypertension, blood lipid disorders, cardiovascular diseases, and some types of cancer.

Some ways of measuring abdominal fat are very expensive and complicated. However, waist circumference and waist-to-hip ratio measures are considered good markers of abdominal fat.

Our study evaluated if the classification of skin color as White, Mulatto and Black is associated with abdominal fat location among healthy Brazilian men. We studied 1,235 males, aged 20–59 years. All had their weight, height and waist circumference measured, and waist-to-hip ratio calculated. We also assessed the percentage of body fat on each.

The average age in the three groups (White, Mulatto, and Black) was very similar. There was no difference in total body fat among the three groups. However, Blacks and Mulattos had smaller amounts of abdominal fat than Whites, especially among the middle-aged men.

In our analyses, we also considered the effect of other factors that influence fat location, such as age, total body fat, smoking, alcohol intake, physical activity, income and schooling. Despite these factors, Blacks, compared to Whites, had smaller waist (about 2cm smaller) and smaller waist-to-hip ratio. Waist size and waist-to-hip ratio for Mulattos ranked between the two other groups.

Source: Waist Circumference and Waist-to-Hip Ratio as Indicators of Fat Location in Black, White and Mulatto Brazilian Men

Márcia Gonçalves Ferreira, PhD; Joaquim Gonçalves Valente, MD, PhD; Regina Maria Veras Gonçalves da Silva, PhD; Rosely Sichieri, MD, PhD

A COMPARISON OF WEIGHT CONTROL BEHAVIORS IN AFRICAN AMERICAN AND CAUCASIAN WOMEN

Obesity is a risk factor for many serious health problems including diabetes, hypertension, hyperlipidemia, cardiovascular disease, stroke, and certain cancers. The number of obese and overweight Americans continues to increase. In the United States alone, 66% of all adults are overweight or obese. Obesity rates are even higher for some ethnic groups including Hispanic Americans, Native Americans, and African American women.

It is important to understand whether and how different ethnic groups try to lose weight. We know, for example, that overweight African American women are more likely to try to lose weight on their own rather then seeking outside help (for example, from a program or a professional).

The purpose of our study was to examine differences between African American and Caucasian women in seeking outside help for weight loss. We also wanted to find out if there are differences in other specific ways African American and Caucasian women try to lose weight. Finally, we examined the reasons why African American and Caucasian women seek outside help for weight loss.

One hundred twenty overweight women (70 African American, 42 Caucasian, and eight who listed themselves as another ethnicity) agreed to complete questionnaires. The questionnaires asked participants how they had tried to lose weight. The survey included questions about the participants' habits on cutting back on eating certain foods, using willpower, cutting calories, exercising, joining a gym, using meal replacements like Slim Fast, taking diet pills, going to the gym, seeking the advice of a professional, using a self-help book or Internet plan, joining a program, taking herbal supplements, or seeing a therapist or a hypnotist.

Participants in the study also completed surveys that asked if they were distressed (for example, sad, anxious), if they frequently experienced hunger and/or overeating in certain situations, if they had reaction toward food, and if

they could describe their quality of life and concerns about their bodies.

We found that Caucasian women were more likely to seek outside help than African American women. The women in this sample had similar financial and educational status and therefore, we know that finances were not the reason why one group of women was able to seek more outside help.

Caucasian women were more likely to try commercial weight loss programs than African Americans. African Americans used herbal supplements more frequently. Caucasian women said they went to professional help because of concerns about their bodies, hunger, being prone to overeating in certain situations, and the influence of food.

In conclusion, our study suggests that African American women do not seek professional assistance for weight control as frequently as Caucasian women. We need to continue learning how to make programs more attractive to a wider range of individuals and to continue developing culturally sensitive weight loss programs.

Source: A Comparison of Weight Control Behaviors in African American and Caucasian Women
Rachel A. Annunziato, PhD; Janet N. Lee, BA; Michael R. Lowe, PhD

DO CANCER PATIENTS IN NEW MEXICO SURVIVE AS WELL AS THOSE IN OTHER STATES?

Recent studies have shown that differences exist in first treatment and survival of patients with non-small cell lung cancer (NSCLC). These differences are related to ethnic background and rural living.

New Mexico has a unique combination of different ethnic and residential populations. Hispanics account for more than 40% of the state's population. In addition, a large percentage of the state's population is rural. Because of these unique characteristics, we thought that patients in New Mexico would have a greater chance of dying from early stage NSCLC (Stages 1A–2B), the most curable form of lung cancer, compared to those in other areas of the country. In addition, we thought that this increased chance of dying would be related to these ethnic and residential characteristics.

To address these thoughts, we compared the chances of dying from early stage lung cancer in New Mexico to other areas of the country between the years 1988–1997. We determined whether these differences were related to patient characteristics such as age, sex, stage of the tumor at the time of cancer diagnosis, place of residence, or ethnicity.

Receipt of surgical treatment, which is the best way to cure early stage NSCLC, was also evaluated. Data was collected from a total of nine cancer registries (including New Mexico) that were in operation during the period 1988–1997.

We found that patients with early stage NSCLC in New Mexico had a greater chance of dying when compared to patients in other parts of the country. This higher risk of death was most related to the fact that early stage NSCLC patients in New Mexico received less curative surgery compared to those in other areas of the country. However, there were more elderly patients who had a later stage of NSCLC at diagnosis in New Mexico.

Hispanic patients with early stage NSCLC did not have a greater chance of dying in New Mexico compared to non-Hispanic White patients. Overall, rural patients compared to urban patients did not have a higher risk of dying from early stage NSCLC. However, rural Hispanic patients were more likely to die than urban Hispanics. Finally, rural patients in New Mexico with stage 1B had worse survival rates compared to urban patients at the same stage.

We conclude that there is a geographic disparity in survival from early stage NSCLC in New Mexico compared to the rest of the country. For the most part, this poorer survival rate is because fewer patients in New Mexico receive curative surgery than found in other states.

Source: Regional Disparities in Treatment and Survival of Early Stage Non-Small Cell Lung Cancer
Richard E. Crowell, MD; Therese Goetz, PhD, MPH; Charles Wiggins, PhD; Eric Magana, MD

HEALTH RISK FACTORS FOR HISPANICS IN MISSOURI

In Missouri, the Hispanic population is the fastest growing ethnic group in the state. Currently, 2.1% of the Missouri population is Hispanic. Because there is little information on risk factors for Hispanics in Missouri, we

conducted a study to find out more about this group's health risk factors, chronic diseases, health conditions, and cancer screening practices.

Using the 2002 and 2003 Missouri Behavioral Risk Factor Surveillance System and the 2003 Missouri County-Level Study data, we found a high proportion of Hispanics without healthcare coverage. Compared to non-Hispanic White Missourians of the same sex, age and educational levels, Hispanic Missourians were:

- two times more likely to have diabetes and
- twice as likely to have a sigmoidoscopy or colonoscopy in the past five years.

In addition, compared to their non-Hispanic White counterparts, they were just as likely to have had fair or poor self-reported health status, such as:

- activity limitations
- a lack of exercise
- high blood pressure
- high cholesterol
- asthma and diabetes
- overweight or obesity
- smoking habits.

Because the surveys were given in English only, the data in this study shows the health status of only the English-speaking Hispanics, not the overall Hispanic population in Missouri.

Source: A Comparison of the Health Status and Behavioral Risk Factors Among English-Speaking Hispanics and Non-Hispanic Blacks and Whites in Missouri
Shumei Yun, MD, PhD; Julie M. Krygiel Kapp, MPH, PhD; Sherri G. Homan, RN, PhD; Andrew Hunter, MA; Bao-Ping Zhu, MD, MS

TALK WITH YOUR PHARMACISTS – THEY ARE THERE TO HELP

Patients, age 65 years and older, on average, have two or more chronic diseases and take many medications. The local pharmacy is a critical link for these patients as they face challenges to obtain medications and carry out medication instructions. We wanted to learn about the experiences of older African Americans in pharmacies and with community pharmacists.

To obtain this information, we talked with older African Americans who took medications every day for their medical conditions. Through the discussions, we learned about their experiences of discussing their medication questions with the pharmacist. We also learned about their level of satisfaction with the answers they received. Other discussion topics included trust, perceived discrimination, and costs of medications.

A major theme of our study is the importance of patient-pharmacist communication. The results show that participants felt that being engaged in the decision-making process with the pharmacist was important. They wanted to take part in discussions about their medication options, medication side effects, and their concerns about rising medication costs. Communication at times was difficult because of a lack of interest or knowledge by the pharmacist, time, and the inability to identify the pharmacist from among the many faces behind the counter.

Participants expressed a desire to have a trusting, respectful, and professional relationship with the pharmacist, similar to one that they have with their primary care doctor. Most participants, however, did not report having such a relationship. Instead, they said that the main role of the pharmacist was to fill prescriptions. Experiences of discrimination or perceptions of being treated differently were not a problem for this group.

It appears that the pharmacist is not used enough as a community health resource. This may be due to less-than-ideal experiences of patient-pharmacist communication. Future research must look for ways to improve patient-pharmacist communication. Larger studies are needed to discover the impact of the patient-pharmacist relationship on racial and ethnic disparities in health and health outcomes.

Source: Older African Americans' Perceptions of Pharmacists
Sharon L. Youmans, PharmD, MPH; Dean Schillinger, MD; Edward Mamary, DrPH; Anita Stewart, PhD