

AMERICAN INDIAN TEENS: PROJECT EAT FOR HEALTHIER LIVING

Studies have shown that 50%–70% of overweight teenagers become overweight adults. Some of the health costs of being overweight include high blood pressure, high cholesterol, diabetes, and heart disease. Heart disease is the number one cause of death in the United States. We examined 246 American Indian teenagers and found that 41% were overweight. This number is much higher than the number of non-Native American teenagers who are overweight (about 30%), so we concluded that overweight is more common in urban American Indian youth than in teenagers in general.

The study also examined factors that are linked to being overweight. We found that overweight American Indian teenagers watched more television and tried more weight-control methods than did the teenagers who were not overweight. Overweight American Indian teenagers also knew more about nutrition; they said that they cared less about staying fit, but they were less satisfied with their bodies. Overweight youth were more likely than normal-weight youth to have parents who dieted and encouraged them to diet.

The results of the study suggest that programs to prevent and treat obesity

are especially needed in American Indian youth. Programs for American Indian teenagers need to involve the families and should reduce time spent watching television and promote healthy body images and healthy eating.

Source: Factors Associated with Overweight among Urban American Indian Adolescents: Findings from Project EAT

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EXERCISE TO HELP CONTROL BLOOD PRESSURE

Controlling blood pressure with blood pressure medication is difficult for many people, and only one out of three individuals achieve this goal. Being physically active improves the treatment of high blood pressure, but many doctors do not have time to tell their patients about the benefits of physical activity.

We looked at how often patients get advised to increase physical activity as part of high blood pressure treatment. Then we compared the blood pressures of patients who followed advice to

increase physical activity with the blood pressures those who did not follow the advice.

We found that few people, about three out of ten, received advice to increase physical activity to lower their blood pressure. Of those who received advice, about seven out of ten followed the advice to increase physical activity. Above all, there was a drop in blood pressure in those who followed advice to increase physical activity.

Based on these findings, we suggest that doctors should include physical

activity advice whenever they write a prescription for medication to treat high blood pressure. We hope that by doing that, patients will realize that increasing physical activity is an essential part of high blood pressure treatment and will follow that advice.

Source: Physical Activity Recommendation for Hypertension Management: Does Healthcare Provider Advice Make a Difference?

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DOMINICAN AMERICANS AT-RISK FOR HEART DISEASE

Heart disease and diabetes are common in Latinos in the United States. Because Dominican Americans are one of the fastest growing Latino subgroups, we wished to determine

whether their risk for heart disease and diabetes was different from the risk in the general Latino population. We also wished to determine whether Dominicans who had cardiovascular risk factors

were aware of them. To answer these questions, we conducted a survey of 785 Dominican adults in New York City.

We found that 17% of Dominicans we surveyed had diabetes, 56% had high

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cholesterol, 41% had high blood pressure, and 75% were overweight. Except for high cholesterol, rates of these conditions are higher in Dominicans than in the general US Latino population. We also found that many Dominicans who had these conditions did not know they had them. This lack of awareness is a concern because early diagnosis and treatment are necessary to prevent long-term complications of diabetes and heart disease.

All adults should visit the doctor every year to measure blood pressure, blood sugar, and cholesterol levels. Those who are overweight should engage in regular exercise, eat healthy, and try to lose weight. These steps can

prevent diabetes and help control blood pressure.

A few reminders:

- Normal glucose is between 80 mg/dl and 100 mg/dl. Pre-diabetes is a glucose value between 105 and 126 mg/dl. Diabetes is diagnosed when the glucose level is 126 mg/dl or above.
- Total cholesterol above 200 mg/dL is high for the normal adult however this number should be much lower for individuals who also have diabetes or have had a heart attack or stroke.
- Normal blood pressure is 120/80 mm Hg. Pre-hypertension is between 120/80 and 139/89. High blood pressure is 140/90 or above.

- Weight is usually converted into body mass index (BMI) in order to determine risk. A BMI is calculated as weight in kilogram divided by height in meters squared. A BMI of 30 or above is obese and between 25 and 29 is overweight. The higher the BMI the increased odds for developing diabetes, hypertension and other conditions.

Source: The Prevalence of Cardiovascular Risk Conditions and Awareness Among a Latino Subgroup: Dominicans in Northern Manhattan

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A NEW METHOD FOR TESTING MENTAL IMPAIRMENT CAUSED BY LIVER DISEASE

Hepatic encephalopathy (HE) is a mental impairment that occurs in 30%–84% of people who have advanced liver disease. Even mild HE, which is not always obvious to a doctor, can cause problems with daily activities, such as driving. Diagnosing HE can be difficult because the tests take time, the tests are difficult to conduct, and specialized personnel are needed to conduct HE.

We wished to develop a short (10–30 minutes) computer-based driving simulator to assess mild HE because

studies have shown that the ability to drive is associated with level of encephalopathy in these patients. We tested two groups on a driving simulator—a group of patients with cirrhosis and mild mental impairment and a group of healthy volunteers—and compared their performance. Then we developed a scoring system that will, we hope, be able to predict how likely a person is to have HE, on the basis of his or her performance on the driving simulator.

This is a preliminary study, but we hope that our system can someday be used to help doctors quickly and easily diagnose mild HE in patients who have advanced liver disease.

Source: Preliminary Report of the Hepatic Encephalopathy Assessment Driving Simulator (HEADS) Score

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