

New immigrants have higher risk of diabetes than long-term residents

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New immigrants, especially women and those of South Asian or African descent, have a higher risk of diabetes compared with long-term residents of Ontario, found a research study in *CMAJ* (*Canadian Medical Association Journal*).

This study was conducted to determine the prevalence of diabetes among more than 1.1 million <u>immigrants</u> to Ontario, from various regions around the world. It compared rates of diabetes in immigrants to more than 7.5 million long-term residents of Ontario, and among immigrants, examined the effect on risk of diabetes of gender, age, country of birth, time since arrival, and <u>socioeconomic characteristics</u>.

Diabetes is increasing most rapidly in the developing world. The highest increases in diabetes over the next 25 years are predicted to occur in the Middle East, Africa, and India, regions that supply the largest percentage of the 250 000 immigrants to Canada each year.

Immigrants from South Asia, Latin America, the Caribbean, sub-Saharan Africa, North Africa and the Middle East all had significantly higher diabetes rates than Ontario long-term residents. Among long-term residents, men (6.5%) displayed higher rates than women (6.2%) but recent immigrant women had rates equal to or higher than immigrant men, with the exception of women from sub-Saharan Africa.

"Recent immigrants, particularly women and immigrants of South Asian and African origin, are at high risk for diabetes compared with long-



term residents of Ontario," write Marisa Creatore, Epidemiologist at St. Michael's Hospital, Toronto, and coauthors. "This risk becomes evident at an early age, suggesting that effective programs for prevention of diabetes should be developed and targeted to all immigrants in all age groups."

The authors conclude that lifestyle interventions aimed at recent immigrants should be explored further and that policy makers and planners should develop specific screening guidelines and community-level targeted <u>diabetes</u> educational programs.

More information: www.cmaj.ca/cgi/doi/10.1503/cmaj.091551

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