

Some groups have trouble controlling diabetes

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The Centers for Disease Control and Prevention (CDC) estimates that the prevalence of diagnosed diabetes in the U.S. population increased by four percent between 1980 and 2008.

Among individuals in the U.S. with diabetes, non-Latino whites tend to better control the cardiovascular risk factors blood glucose, blood pressure, and cholesterol, while African-Americans, Mexican-Americans, and those with little or no college education are at higher risk for complications of the disease, a [recent study](#) by UAlbany economists Pinka Chatterji, Heesoo Joo, and Kajal Lahiri found.

The racial/ethnic and education disparities in controlling [diabetes](#) are documented in a new report in the February issue of [Diabetes Care](#).

"It is encouraging that some [health trends](#) in [cardiovascular risk factors](#) among diabetics have improved over the past two decades, but our research shows that racial, ethnic and education-related disparities have emerged which must be addressed," said the study's lead author Pinka Chatterji, also a researcher with the University's Center for the Elimination of Minority Health Disparities (CEMHD).

Diabetes on the rise

Diabetes is a leading cause of morbidity and mortality in the U.S., and the prevalence of the disease is rising. The [Centers for Disease Control and Prevention](#) (CDC) estimates that the age-adjusted prevalence of diagnosed diabetes in the U.S. population increased by four percent between 1980 and 2008.

Cardiovascular disease is a widely-documented potential complication of diabetes, and a leading cause of mortality among individuals with the disease. Although rates of cardiovascular disease events have declined in recent decades among individuals with and without diabetes, people with the disease are still twice as likely as those without diabetes to experience a [cardiovascular event](#), and individuals with diabetes have [heart disease mortality](#) rates as much as four times greater than those without it.

The UAlbany study used U.S. population statistics derived from the National Health and [Nutrition Examination Survey](#) (NHANES) including a sample of 1,503 individuals diagnosed with diabetes between 1988 and 1994, and a sample of 1,872 diabetics diagnosed between 1999 and 2008.

The UAlbany findings suggest that control of [blood glucose](#) among individuals with diagnosed diabetes has improved over the past two decades -- from 50 percent in the 1988-1994 sample to 57.7 percent in

the 1999-2008 sample. However, the study finds that in the 1999-2008 sample African-Americans and Mexican-Americans with diagnosed diabetes are about 50 percent more likely than non-Latino whites with diagnosed diabetes to be in poor glycemic (blood-sugar) control. Moreover, the study showed that diabetics who have some college education were less likely to have uncontrolled blood pressure than those without any college education.

Culture and language affect diabetes management

The results also suggest that, in some areas, improvements in control of cardiovascular risk factors appear to have benefitted all racial/ethnic and education groups. In the case of cholesterol levels, for example, all racial/ethnic and education groups experienced significant improvements in control.

The study authors state that while important progress has been made in reducing cardiovascular risk factors among individuals with diabetes over the past decade, that progress is uneven and may underlie racial/ethnic disparities for the following reasons:

- Some socio-economic groups may have better access than others to the type of integrated, comprehensive medical care that individuals with diabetes need to successfully manage the illness
- More educated individuals are better able to obtain and understand new information related to diabetes treatment, and are more likely to adopt medical technologies than less educated people
- Culture and language play a role in diabetes management practices

"What's clear is that continued public health efforts need to be made to address the large majority of individuals with diagnosed diabetes whose cardiovascular risk factors are uncontrolled," concluded Chatterji.

Provided by University at Albany

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