

Study shows ethnic groups are at higher risk for heart disease yet many aren't aware

October 27 2014

Different ethnic groups have widely varying differences in both the prevalence and awareness of cardiovascular risk factors, a finding that highlights the need for specially designed education and intervention programs, according to a study presented today at the 2014 Canadian Cardiovascular Congress.

The conclusion comes from a study of more than 3,000 patients at an urgent-care clinic serving an ethnically diverse area of Toronto. Participants were asked to self-identify their ethnicity and, from a list of 20 activities or conditions, asked to identify which ones they believe contribute to cardiovascular disease ([heart disease](#) and stroke). They were also then asked if they had any of a variety of cardiovascular [risk factors](#).

Previous research has shown that those of African or South Asian descent are more likely to have high blood pressure and diabetes, and therefore are at greater risk of heart disease and stroke than the general population.

In this study, the self-reported prevalence of risk factors tended to be higher in the non-Caucasian groups, with the exception of significantly lower levels of smoking in non-Caucasians.

Among the findings:

- South Asians reported much higher rates of diabetes and

- sedentary lifestyle but lower stress levels than Caucasians;
- East Asians reported higher rates of high blood pressure and [sedentary lifestyles](#);
- Blacks reported higher levels of diabetes and [high blood pressure](#)

However, South Asians, East Asians and Blacks all recorded lower awareness than Caucasians of the [cardiovascular risk factors](#) in general, including diabetes, obesity, sedentary lifestyles and stress.

For example, even though Blacks and South Asians reported much higher prevalence of diabetes than Caucasians, they were far less likely to know that diabetes is a risk factor for heart disease and stroke.

"We know that different ethnic groups have varying predispositions for [cardiovascular disease](#)," said Eric Coomes, a University of Toronto medical student who is the lead author of the study with principal investigator Dr. Asim Cheema of St. Michael's Hospital, Toronto. "But the fact remains that a significant proportion of premature heart disease and stroke may be prevented. It's important that Canadians of all ethnic backgrounds be aware of the health behaviours needed to prevent heart disease and stroke."

He adds that improving awareness is important but there is also a need to design intervention strategies that provide culturally appropriate heart health information.

"The face of our communities continues to change," says Heart and Stroke spokesperson Dr. Chi-Ming Chow, a cardiologist.

"Many of Canada's ethno-cultural communities have unique linguistic and cultural challenges to overcome with respect to improving their heart health," he says. "For example, I have found that many of my patients

have language barriers which may make it difficult to access important disease prevention information."

The Heart and Stroke Foundation has translated and culturally adapted its key health resources to help different populations understand their risk factors and how to prevent premature heart disease and [stroke](#). For information which has been adapted for the South Asian, Chinese, First Nation and African communities, visit heartandstroke.ca/multicultural.

The Canadian Cardiovascular Congress is co-hosted by the Heart and Stroke Foundation and the Canadian Cardiovascular Society.

Provided by Heart and Stroke Foundation of Canada

Citation: Study shows ethnic groups are at higher risk for heart disease yet many aren't aware (2014, October 27) retrieved 19 April 2024 from <https://medicalxpress.com/news/2014-10-ethnic-groups-higher-heart-disease.html>

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