

Cardiac events in First Nations people with diabetes have decreased, but still higher than in non-First Nations people

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A new study provides insight into the cardiovascular health and health care services accessed by First Nations people with diabetes over a 20-year period in Ontario. It showed a decrease in cardiac events, but hospitalizations and death were still more frequent in this population than in non-First Nations people. The research is published in *CMAJ* (*Canadian Medical Association Journal*).

"This study provides new insights into patterns of [cardiovascular health](#) and related care of First Nations people with diabetes," writes Dr. Michael Green, professor of family medicine and [public health](#) at Queen's University, Kingston, and a senior scientist at ICES, Toronto, Ontario, with coauthors. "While progress is being made overall in diabetes management and reducing [cardiac events](#) and mortality, First Nations people with diabetes remain at greater risk of cardiovascular disease and complications than other people in Ontario."

This research is published concurrently with a related article in *CMAJ Open* that describes the methods used to identify the cohorts of First Nations people and other people in Ontario. These papers are the start of a series on diabetes and First Nations health. They are part of a partnership between researchers and Chiefs of Ontario that engages First Nations patients, families, elders and [community members](#) in the project.

"When Ontario First Nations take charge of our own research agenda intertwined with true meaningful partnership from researchers who value and incorporate First Nations perspectives regarding research, this results in a report that includes First Nations patients' knowledge and understanding of this devastating disease," says Carmen Jones, co-investigator and Health Director, Chiefs of Ontario.

The 20-year study (1996-2015) of more than 1.3 million people aged 20 to 105 years included 22,000 First Nations people.

Rates of various cardiac events, such as heart failure and myocardial infarction, among First Nations people in Ontario with diabetes decreased up to 60% during the study period, but rates were still higher than in non-First Nations people. Use of revascularization procedures increased 2- to 3-fold, and use of medications such as statins to protect against cardiac events also increased substantially, suggesting these may have contributed to the declining cardiac event rates.

"Although our finding of higher cardiac event rates among First Nations people is consistent with those of previous studies, the observed decreasing rates over time contrasts with earlier Canadian studies showing increasing rates of cardiovascular disease among First Nations people in general, suggesting that progress has been made in the management of diabetes and other cardiac risk factors in this population," write the authors.

"Efforts to further close the gap in cardiovascular risk will require emphasis on early prevention strategies that not only include Western medical therapies, but must also account for the complex context of the health of First Nations people in Canada and address their unique social and cultural determinants of [health](#)," the authors conclude.

The authors note study limitations, including low absolute numbers of

First Nations people that did not allow for more detailed analysis of subgroups. As the study was focused on [diabetes](#), researchers did not look at the effect of other illnesses on the differences in outcomes between First Nations and non-First Nations peoples.

More information: *Canadian Medical Association Journal* (2019).
www.cmaj.ca/lookup/doi/10.1503/cmaj.190899

Canadian Medical Association Journal (2019).
www.cmajopen.ca/lookup/doi/10.9778/cmajo.20190096

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