

# Family history can help identify health risks, but many Latinx people know little about theirs

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At the doctor's office, questions about a person's family health history often can help health care professionals determine the risk of developing chronic conditions, including heart disease, high blood pressure and diabetes.

But among many Latinx people, especially immigrants, talking about and recording [family health history](#) is rare. The reasons are not well understood, but studies suggest that cultural influences—family dynamics, stigma, fear and secrecy—can create barriers.

"It's common that when Hispanic/Latinx patients come to the clinic and you ask them, 'What is your past medical history,' or if there's any family history of any type of malignancy or cancer, they do not know," said Dr. Olga Garcia-Bedoya, medical director of the Institute for Minority Health Research at the University of Illinois at Chicago.

Knowing the medical history of parents, grandparents, children, siblings and other close relatives is an important element of preventive care, she said. Although causes for disease can vary, the genetic similarities in families can give [health care professionals](#) a fuller picture of a person's health, as well as early clues to potential—and preventable—[health risks](#).

In the Latinx community, however, family health history is usually missing information—frequently due to circumstances beyond the patient's control, Garcia-Bedoya said.

For recent arrivals to the United States, for example, it's possible that their family health history was never discussed before emigrating—particularly if they came from rural areas where access to health care is difficult, she said.

In the U.S., more than 40% of Hispanic adults experience obesity, according to American Heart Association statistics. Hispanic adults also

are 50% more likely to develop Type 2 diabetes than other races and ethnicities, according to the Centers for Disease Control and Prevention. Diabetes and obesity are contributing factors to heart disease, the leading cause of death in the U.S.

"And we know that diabetes has a family predisposition," Garcia-Bedoya said. "If your mom, dad or siblings have diabetes, of course your risk is going to be increased."

In such cases, knowing a family's history of diabetes can provide significant genomic information, she said. "From the clinical standpoint, that's important because diabetes can be preventable. If we detect it in the early stages, we can avoid the use of medication, and there are lifestyle modifications that can delay the progression of the disease."

Older Latinx people who have spent less time in the U.S. generally are less likely to be fully aware of their family health history than those born in the U.S. or who have lived in the U.S. longer, she said. That means they won't have their ancestors' health information to share with their children.

Various generations have different perceptions of health care prevention, Garcia-Bedoya said. Younger generations tend to prioritize mental health and view prevention as incorporating lifestyle behaviors such as fitness and nutrition, she said.

Whether that prevention mindset translates into active recording of their family health history may be difficult to pinpoint. In a survey of 224 young Latinx adults published in the journal *Health Education & Behavior* in 2013, just 18% said they had gathered cancer risk information from relatives to create a family health history of cancer, and only 16% shared information about hereditary cancer risk with family members. The study's authors said the low rates of

communication may result from few young Latinx adults being familiar with the idea of creating a family health history or its relevance for their own health behaviors.

Genetic counseling and testing could be an option for Latinx individuals who lack a family health history. But while a DNA test can be a valuable predictor of health risks, it also has limitations, Garcia-Bedoya said.

For example, genetic testing may predict certain health conditions, but there might not be a treatment available, leaving individuals unsure of what actions to take based on those results, she said. "We should observe and monitor how things will progress."

Suzette Bielinski, a genetic epidemiologist at the Mayo Clinic in Rochester, Minnesota, said genetic testing can be beneficial in certain areas. "For example, I would hold up maybe cancer therapies as a good win in that regard."

But, she said, [genetic testing](#) can not only be costly, it's typically targeted toward rare diseases. "We just don't routinely screen for the genetics of common chronic diseases" because the normal screening guidelines, such as blood sugar or cholesterol screening, normally do a good job, Bielinski said.

When it comes to [chronic conditions](#) that can lead to heart disease—including hypertension, obesity and diabetes—early screening and intervention are "the way to go," Bielinski said. And while having a family health history can be helpful, screening for high blood pressure, high cholesterol and other health conditions can be just as effective, she said.

Adults should be screened for [high blood pressure](#) at each regular health care visit or once a year if blood pressure is normal, the AHA advises. It

also recommends cholesterol screening every four to six years starting at age 20, or more often for those at elevated risk for [heart disease](#) and stroke. The American Diabetes Association recommends diabetes screening starting at age 35, or sooner for those at elevated risk.

Garcia-Bedoya said it's always a good idea for anyone who lacks a family health history to create one. She recommends talking with parents, aunts, siblings and other close family members. Record where they live, any medical conditions and at what age they were diagnosed. The CDC offers other tips on collecting such information.

Once a family health history has been recorded, people should share it with their primary care physician, Garcia-Bedoya said. And for patients without knowledge of their family health history, health care professionals should take the time to explain what it is and why it matters. They should be responsive to patients, particularly [recent immigrants](#), who may not be as familiar with the concept of family health history, she said.

"We need to be respectful. We need to ask questions, we need to be understanding, and we have to have empathy," Garcia-Bedoya said.

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