

Study shows long term-effects of immigration on Chinese Americans' cardiovascular health

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A new UCLA-led study found that cardiovascular disease risk among Chinese American immigrants increases with length of residence and varies by location in the U.S. The study, which leveraged data from the MESA (Multi-Ethnic Study of Atherosclerosis) cohort, sponsored by the National Heart, Lung, and Blood Institute (NHLBI), observed the heart health of 746 Chinese Americans in both Los Angeles and Chicago over a period of roughly 18 years.

The study found that participants who resided in Chicago showed lower mortality levels from heart disease compared to those who lived in Los Angeles.

"This is the first long-term prospective study in nearly two decades to investigate the effects of immigration on the cardiovascular health among Chinese American immigrants, an often-underrepresented group in cardiovascular research," said Dr. Xinjiang Cai, a cardiologist and physician-scientist at UCLA Health and lead author of the [study](#), which was published in the *Journal of the American Heart Association*.

"We were especially surprised by the geographical differences in [mortality rates](#) among this population, and the spotlight this puts on inequalities in [heart health](#) care and outcomes that often stem from cultural and language barriers, health behaviors, unique environmental risk factors and social determinants of health."

Additionally, Cai points to how state-specific characteristics like demographic data, variations in death rates and life expectancy might

also contribute to the health of immigrants.

"Addressing cardiovascular health disparities among Chinese Americans who have immigrated to the U.S, and Los Angeles in particular, is not just a matter of equity, but a critical step towards building healthier communities for all," said Dr. E. Dale Abel, chair for the department of medicine at the David Geffen School of Medicine at UCLA.

The study also found that the most commonly used markers to predict cardiovascular disease were not the markers that best predicted heart-related events among Chinese American immigrants.

"The more commonly used markers for cardiovascular disease, such as high-sensitive troponin levels and left ventricular ejection fraction, were found to be less predictive in this population," Cai said. Markers that showed to be predictive for this population include, N-terminal Pro-brain Natriuretic Peptide, left ventricular mass, and one's coronary artery calcium score.

Cai notes the study has some limitations. For example, the Chinese participants in the MESA cohort, who have an average age of about 62 and are free of baseline [heart disease](#), are likely healthier than the overall Chinese American population in the U.S. He says further research is needed to better understand the broader Chinese American population.

"When it comes to assessing the cardiovascular risk among Asian Americans, a one-size fits all approach doesn't work. For this reason, studies that can [identify] phenotype risk and underlying mechanisms for specific groups within the Asian-American population are critical to solving disparities in cardiovascular disease morbidity and mortality," said Dr. Priscilla Hsue, chief of the division of cardiology at UCLA Health.

More information: Cardiovascular Risks and Outcomes Among Chinese American Immigrants: Insights From the Multi-Ethnic Study of Atherosclerosis, *Journal of the American Heart Association* (2024). [DOI: 10.1161/JAHA.124.037114](https://doi.org/10.1161/JAHA.124.037114)

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