

Health

ALARMING RATES OF CARDIOVASCULAR DISEASES OCCUR IN AFRICAN-AMERICANS, A.H.A. SAYS

DALLAS — In a special report on minorities, the American Heart Association says African-Americans in the United States are suffering from "alarming High" rates of certain heart and blood vessel diseases. Of special concern, the AHA says, is the high incidence of stroke and other disorders that are the direct consequences of uncontrolled high blood pressure.

"Contrary to past opinions, it is now fairly well established that coronary heart disease is common among African-Americans, occurring almost as often in African-American men as in Caucasian women," says Edward S. Cooper, M.D., chairman of the committee that wrote the report.

And the leading cause of death among all populations in the U.S. is cardiovascular diseases and stroke, which together account for almost 50 percent of all mortality, Cooper points out in the report's preface.

"Alarming high frequencies" of stroke, kidney disease and congestive heart failure as well as enlargement of the heart's main pumping chamber occur in African-Americans — mainly because high blood pressure or "hypertension" is so common in that population and causes such serious complications, writes Elijah Saunders, M.D., author of the report's section on high blood pressure in African-Americans.

Stroke death rates in African-Americans are almost double those of Caucasians. And in the 35 to 54 age range, African-Americans' rates are about four times higher, the scientists say. End-stage kidney failure caused by high blood pressure is about 10 times more common in African-Americans than in Caucasians nationwide and 17 times higher in some sections of the United States.

"To bring this crisis under control will require a renewed commitment to expanded research, improved public health measures, and more effective clinical intervention," says Saun-

ders, head of the Hypertension Division and associate professor of medicine at the University of Maryland School of Medicine, Baltimore.

"Cardiovascular Diseases and Stroke in African-Americans and Other Racial Minorities in the United States: A Statement for Health Professionals" appears in April issues of *Circulation* and *Stroke*, two scientific journals published by the AHA.

Written by experts who have performed much of the research that has been done on the topic, the report is designed to "be a concise summary of scientific and medical information" and to suggest which areas of research will be most productive in the future, explains Cooper, professor of medicine at the University of Pennsylvania School of Medicine, Philadelphia. An internist,

he is past chairman of the AHA Stroke Council.

"Greater emphasis must be placed on identifying and rectifying the environmental factors, including access to and use of health services, that underlie the well-documented health differences" between segments of the U.S. population, writes Cooper.

Native Americans apparently have a low rate of coronary heart disease, compared with Caucasians, in spite of a high prevalence of obesity and diabetes. In addition, blood pressure levels for both southwestern Hispanics and Native Americans seem "disproportionately low, considering their degree of obesity," writes Lewis H. Kuller, M.D. "Similarly, their cholesterol levels do not appear to reflect either the extent of obesity or diet." Kuller is professor and chairman

of epidemiology at the University of Pittsburgh's Graduate School of Public Health.

Studying the factors involved in cardiovascular disease (CVD) in minorities will benefit all Americans, the scientists say. The "striking" differences in the distribution of CVD and CVD risk factors "offer what is perhaps the best opportunity to better understand the interaction of genetic and environmental factors," Kuller writes in the special report's overview.

He points out that most research in minority populations in the U.S. has focused on African-Americans. High blood pressure is more prevalent among African-Americans, and its consequences — particularly heart enlargement and the risk of stroke and kidney failure — "are substantially worse in them than

among Caucasians," he says.

Clinical trials must include racial minorities, Kuller stresses: "The finding that a specific intervention may or may not be successful in a middle-or upper-class Caucasian population does not necessarily determine whether the same treatment will be effective in various racial minorities."

"American health agencies, including the American Heart

Association, must expand their health care programs for these often hard-to-reach minority populations," Cooper writes in the report's conclusion.

The AHA, with headquarters in Dallas, was founded in the 1920s and became a nationwide voluntary health organization in 1949. The AHA has more than 3.2 million volunteer members including consumers, scientists and physicians.



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