

Health

MILLIONS OF MINORITY CHILDREN AT RISK FOR CVD ACCORDING TO AHA'S HEART AND STROKE FACTS'

GALESTON, Tex., — Approximately 4.6 million African-American children have blood cholesterol levels that may place them at risk for developing cardiovascular diseases (CVD), according to the 1992 edition of "Heart and Stroke Facts," an American Heart Association annual publication that presents statistics and information on all types of heart disease and stroke.

The new publication was released here as science and medical writers convened for the AHA's 19th Science Writers Forum.

An estimated 40 percent of black males and 50 percent of black females aged 0-9 years have blood cholesterol levels of 170 milligrams per deciliter (mg/dl) or more.]

Of black children ages 10-19 years, 34 percent of males and 41 percent of females also have cholesterol levels in this range.

The figure of 170 mg/dl in children is comparable to a level of 200 mg/dl in adults, which denotes borderline high risk of developing CVD.

High cholesterol may become a greater problem in middle age. John Flack, M.D., M.P.H., assistant professor of medicine and epistemology and co-director of the division of general medicine at the University of Minnesota, Minneapolis, says African-Americans with high cholesterol levels appear to be infrequently treated with cholesterol-lowering medication.

"We did a study of middle-aged African-Americans men and women in Oklahoma City back in 1987...and we found that less than one percent of those with cholesterol levels over 240 mg/dl were treated with chole-

sterol-lowering medication. Sixty to 65 percent of the people with cholesterol levels in that range were unaware their cholesterol was high."

Flack also says that African-Americans experience their initial heart attack at an age about five years younger than their white counterparts. In addition, the death rate from heart attacks for black women aged 35-74 year is about twice that of white women in the same age group.

The death rates for certain cardiovascular diseases are disproportionately higher in blacks than in whites. In 1988 the stroke death rate in men was 93 percent higher than in white men (57.9 vs. 30.0 per 100,000 population); it was 82 percent higher in black women than in white women (46.6 vs. 25.6). The 1988 high blood pressure death rate was more than four times greater in black males than in white males (27.3 vs. 6.3) and almost 5 times greater in black women than in white women (22.8 vs. 4.7).

"There is a significantly greater frequency of high blood pressure in blacks, compared to whites," says Edward S. Cooper, M.D., professor of medicine at the University of Pennsylvania School of Medicine, Philadelphia, and president-elected of the AHA. "In fact, high blood pressure is one of the most preventable causes of the 60,000 excess deaths annually among African-Americans."

High blood pressure, known as a "silent killer," affects almost 63 million Americans over the age of six, and almost half (46.1 percent) do not know they have it, although Cooper says there is some improvement in this regard. Those most likely to suffer

from it are African-Americans, Puerto Ricans and Cuban and Mexican-Americans.

Almost one of every three black adults has high blood pressure, which also is a major risk factor for stroke, he added. There is no known reason for the greater frequency and severity of high blood pressure in blacks, but race, obesity, heredity and age are known risk factors.

Being overweight and using excessive amounts of salt are two avoidable risk factors, and lower socioeconomic status may play a role, Cooper says.

"There is an urgent need for special programs to control cardiovascular diseases and stroke in blacks and other racial minority groups," Cooper says. "We must target uniquely designed high blood pressure detection and control programs to the many hard-to-reach blacks. To bridge the racial gap and defeat heart disease and stroke for all Americans, we must have a concerted effort to cut the social chain that locks out disadvantaged minorities."

But African-Americans are not the only population at high risk for CVD. "1992 Heart and Stroke Facts" also shows that men and women aged 35-74 years in the Eastern European nations of Hungary, what was formerly the Soviet Union, Romania, Bulgaria, Poland and Czechoslovakia has the highest male and female death rates for CDV in the world. Inhabitants of Japan, Switzerland and France have the lowest mortality, and residents of the U.S. fall squarely in the middle.

People who live in Japan, Taiwan and Mainland China have the highest stroke death rates in the world, says Cooper.

"We don't really know why people in Eastern Europe have such high death rates from CVD," says AHA president W. Virgil Brown, M.D., "but the fact remains that many such deaths can be prevented by taking steps to lower blood pressure, stop cigarette smoking, reduce serum cholesterol and learn the warning signals of heart attack and stroke."

Brown, professor of medicine and director of the division of lipid metabolism at Emory University School of Medicine Atlanta, adds that good public health policies may help to account for the low CVD mortality in some Western Nations.

"1992 Heart and Stroke Facts" also lists age-adjusted death rates for total CVD, heart attack and stroke within the U.S. by state and region (per 100,000 population).

The District of Columbia has the highest death rate for total CVD (259.4), while New York state leads the country in death rate for coronary heart disease (140.4) and South Carolina is first in stroke death rate (46.9). High numbers of African-Americans and other minorities live in these areas.

States with low death rates are: Hawaii (lowest in total CVD, 139.5), New Mexico (lowest in coronary heart disease, 59.9) and Arizona (lowest in stroke, 22.2).

Heart and blood vessel diseases are the nation's No. 1 killer, claiming a life every 34 seconds.

In 1988 almost 980,000 people—476,246 men and 503,542 women—lost their lives to these diseases, more than twice as many killed by all types of cancer. In fact, CVD kills

almost as many people in the U.S. each year as cancer, accidents, pneumonia, influenza, suicide and AIDS combined. The AHA estimates that slightly more than 69 million Americans suffer from one or more forms of CVD.

And the cost of these diseases is staggering. The AHA estimates that physician and nursing services, hospital and nursing home services, medications and lost productivity resulting from disability due to CVD will rise to \$108.9 billion in 1992.

But the AHA says there are reasons to be encouraged. Overall death rates from heart attack and stroke have been declining steadily.

In 1950 the death rate from blood pressure was 56 per 100,000 population; in 1988 it was 6.6 of great concern, notes Copper, is that declines in stroke death rates have been lessening over the past decade. In the

1960s and 1970s, stroke death rates fell about five percent per year, whereas recent declines have been only about one to two percent per year. The reason for this phenomenon is unknown.

Healthier lifestyles and advances in medical treatments are reason for these declines, according to "1992 Heart and Stroke Facts."

Cigarette smoking, the most preventable major risk factor for CVD, has fallen by more than 32 percent in the last 22 years (however, the AHA is alarmed by the recent rise in cigarette smoking among adolescents, especially young women), and the 1,200-plus coronary intensive care units in general hospitals nationwide can help reduce in-hospital cardiac deaths by approximately 30 percent.



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