

THOSE WITH LOWER SOCIOECONOMIC STATUS FACE HIGHER RISK OF CARDIOVASCULAR DISEASES, 40-YEAR RESEARCH SHOWS

PART I

DALLAS — Caution: Being under-educated, unskilled having a low income and generally being on the low end of the socioeconomic ladder put you at a competitive disadvantage in today's complex world. These conditions can also be hazardous to your cardiovascular health.

A new American Heart Association review covering nearly 40 years of research into the relationship between social and economic status and a person's risk of severe illness and death appears to confirm what many of us have long suspected: Better educated Americans and those in the upper income brackets enjoy better health and are less likely to die of heart disease, stroke or any cause than their poorer, more socially disadvantaged counterparts.

The study, conducted by George A. Kaplan, Ph.D., and Julian E. Keil, Dr. P.H., and reported in the October issue of the AHA journal *Circulation*, examined dozens of separate research projects in the United States and other industrialized countries dating from the mid-1950's to the present. It found a striking relationship between lower socioeconomic status (SES) and increased risk of atherosclerosis, heart and blood vessel diseases and premature death.

In other words, if you're a high school dropout working at a dead-end \$5-an-hour job and living in rented quarters in a lower class neighborhood, you're far more likely to contract heart disease or stroke than a degreed, home-owning, upwardly mobile \$50,000-a-year professional of the same age. And so, in all probability, are your children.

The report was promoted by a feeling within the AHA that the economically deprived represent an underserved population for medical care and for AHA's programs in community education. The initial concern was for so-called "blue-collar" workers, but research shows that the problem is much deeper in our society.

"The report presents us with a challenge," said James H. Moller, M.D., president of the AHA, "in that our educational messages have traditionally relied a lot on the written word. But to reach the groups most affected by this phenomenon, we need to look at different means of communication.

"This information needs to be made available to the general public, as well as to the nation's health care professionals. It is particularly important that we find ways to keep children in school so they can achieve their educational potential. That factor should help them attain better health as adults."

Moller is a pediatric cardiologist at the University of Minnesota, Minneapolis.

The literature search turned up a 1989 study published in the *American Journal of Epidemiology* by J.J. Feldman and associates that emphasizes the important role of education. For men age 45-64 who had completed 0 to 7 grades of school, their risk of dying from all causes was almost two times higher than those who completed high school. And men who completed grades 8 to 11 had a risk about 1.6 times that of those who completed high school.

Similar findings relating education and death from any cause were also demonstrated in blacks as well as whites and in women as well as in men.

Kaplan is chief of the human population laboratory, California Department of Health Services, Berkeley. Keil is professor of epidemiology emeritus at the Medical University of South Carolina, Charleston.

Kaplan and Keil found that low SES heightens the risk of dying from all causes, but particularly cardiovascular — heart and blood vessel — disease, the No. 1 cause of death in America.

"The evidence appears to support the argument that SES

is an important factor in the etiology and progression of cardiovascular disease," say Kaplan and Keil. "Based on a large body of evidence, we believe [low] SES should be added to the list of potential risk factors for coronary disease," Moller agrees.

The scientifically accepted primary risk factors for coronary heart disease are cigarette smoke, high blood cholesterol levels, high blood pressure and a sedentary lifestyle.

Contributing risk factors include diabetes, obesity, older age and a family history of coronary heart disease. One of the most important tasks confronting epidemiologists is defining the factors that combine to produce "low socioeconomic status" in the first place.

Kaplan and Keil determined that low SES is based on a variety of criteria including employment, education, occupation and income. Other criteria include the level of skill involved in a person's occupation, the likelihood of being unemployed for considerable periods, the ability to own a home and an automobile, the capacity for advancement and whether the type of work performed is perceived as "low class."

To Be Continued.

HEALTHWIRE NEWS BRIEFS

MODERATE EXERCISE THE KEY TO FITNESS

African Americans, Latinos, Native Americans, and Asians all suffer disproportionately from many conditions that can be dramatically improved by exercise and improved physical fitness. Heart disease, diabetes, and high blood pressure are just a few of the ailments that can be prevented or managed through exercise.

The good news is that lengthy, sweat drenched workouts are not needed to achieve physical fitness. The American College of Sports Medicine and U.S. Centers for Disease Control and Prevention have released new government guidelines that say a total of 30 minutes of moderate, intermittent exercise, a few days a week can do the trick. That can mean raking leaves, walking briskly, climbing the stairs, or even gardening. Spending hours in the gym or investing in fancy equipment is simply not necessary.

FOR MORE INFORMATION CALL: Public Information Department, American College of Sports Medicine, 317-637-9200.

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SURGEON GENERAL REPORT COVERS LATEST IN AIDS PREVENTION

The U.S. Surgeon General's new report on AIDS underscores the dangers AIDS poses to women, children and, for the first time, includes explicit instructions on using condoms. The purpose of the report is to educate Americans about AIDS risks and prevention methods. Though the report includes scientific information, it also offers specific recommendations (of use to the general public) about how to prevent the spread of AIDS. Detailed information on the impact of AIDS on African Americans, Latinos, Native Americans, Asians and Pacific Islanders is also included. FOR A FREE COPY OF THE REPORT, OR MORE INFORMATION CALL: 1-800-342-AIDS.

HEALTH

THERE'S HOPE FOR CHILDREN WITH THE H.I.V. INFECTION

HOUSTON — A study of the drug d4T in children with HIV infection has shown the drug can boost the body's immune system T-cells by up to 50 percent in some cases.

d4T, also called stavudine, was tested at various doses in a group of 22 children, ages 7 months to 12 years at Baylor College of Medicine and Texas Children's Hospital in Houston. d4T is an investigational drug still under study and is available to patients through clinical trial protocols.

The study, funded by Bristol-Myers Squibb Co. and led by Dr. Mark Kline, an associate professor of pediatrics at Baylor, was the first time HIV-infected children had been given d4T. Collaborating investigators included Dr. William Shearer at Baylor and Dr. Lisa Dunkle at Bristol-Myers.

"We're very encouraged," said Kline, associate program director at Baylor's General Clinical Research Center at Texas

Children's Hospital. "In this Phase I study, we have observed that T-cell counts have increased in many of the children."

T-cells are one component of the body's immune system. With HIV infection and AIDS, the number of T-cells is reduced, leaving the body susceptible to opportunistic infections. Measurements of T-cell levels are a "marker" for the health of the immune system.

Twenty-two children have been enrolled in the d4T study at Baylor since January 1992. Children initially received a range of d4T doses.

After 12 weeks, increases in T-cell counts were observed in children treated with higher d4T doses. Children receiving lower d4T doses were given the higher dose at the end of the 12-week period.

"Approximately half of those children receiving higher doses of d4T saw T-cell counts increase by as much as 50 percent," said Kline. "Also, levels of

p24 antigen decreased. This means there is less of the AIDS virus in their blood."

The phase I study has led to initiation of a 30-center study to investigate the drug's effectiveness in a larger group of children.

The larger study, funded by the National Institutes of Health, will be headed by Kline and will recruit 230 HIV-positive children. The new study is expected to begin this month.

d4T is one of a class of compounds called dideoxynucleosides which have been shown to have anti-HIV properties.

"In this initial study, we found d4T to be relatively well-tolerated by the children," he said. "In a larger study, we hope to show it's clinical usefulness as a viable treatment for children with HIV infection."

Kline is optimistic that results with d4T will be confirmed in future long-term studies in children.

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