

1/3 MINORITY MEDICAL SCHOOL GRADUATES PLAN TO PRACTICE IN UNDERSERVED AREAS

Washington, D.C. — Thirty-six percent of 1992 medical school graduates from underrepresented minority groups

(blacks, Mexican Americans, mainland Puerto Ricans and American Indians/Alaskan Natives) plan to practice in socio-

economically deprived areas, compared to 8 percent of other graduates, according to Facts and Figures VII, a new publica-

tion from the Association of American Medical Colleges (AAMC). Of underrepresented minority graduates planning pri-

mary care careers, (family medicine, general internal medicine and general pediatrics), more than half said they intended to practice in an underserved area. Approximately 30 percent of minorities planning careers as specialists also indicated a willingness to work in underserved areas.

forging educational partnerships among medical schools, colleges and local systems.

Facts and Figures VII, sponsored in part by the Robert Wood Johnson Foundation, documents the increasing presence of underrepresented minorities in medical education. Data on subjects ranging from student debt to a statistical profile of the average underrepresented minority applicant is presented in graphs and short informative passages coupled with an appendix of detailed tables. The book includes such facts as:

- Women represent almost 42 percent of all new entrants to medical school, but among underrepresented minority new entrants they make up 56 percent.

- Almost 80 percent of underrepresented minority school graduates reported receiving some kind of scholarship for medical school, compared to less than 50 percent of other graduates.

(See Med. Graduates, Page 25)

"As we prepare this edition of Facts and Figures, we were mindful that the Clinton health reform plan adopted our Project 3000 by 2000 goal," said Herbert Nickens, M.D., AAMC VP for the Division of Minority Health, Education and Prevention. "Data such as minorities to practice in underserved areas show that beyond simple equity and justice, there are other reasons why racial and ethnic diversity among physicians is essential." Project 3000 by 2000, the Association's initiative to double the number of underrepresented minorities entering medical school by the year 2000, aims to increase the pipeline of minority students heading for medical careers by

cent of AIDS-related deaths.

For a free copy of the new report on AIDS medicines in development, please write to "AIDS in Development," PMA, 1100 Fifteenth Street, N., Washington, D.C. 20005.

The Pharmaceutical Manufacturers Association represents more than 100 research-based pharmaceutical companies — including more than 30 of the country's leading biotechnology companies — that discover, develop and produce most of the prescription drugs used in the United States and a substantial portion of the medicines used abroad.

HEALTH

MORE THAN 100 MEDICINES IN DEVELOPMENT FOR AIDS AND AIDS-RELATED CONDITIONS

Washington, D.C. — A new survey by the Pharmaceutical Manufacturers Association (PMA) shows that for the seventh consecutive year, research-based pharmaceutical companies have increased the number of new medicines and vaccines in development for AIDS and AIDS-related conditions. According to the new survey report, "AIDS Medicines in Development," 103 medicines are being developed for AIDS and AIDS-related conditions diseases by 74 companies.

Other key survey findings include:

- Eleven of the 103 medicines are awaiting approval at the Food and Drug Administration (FDA), and 23 are in the last phase of human clinical testing — Phase III.

- Since the last survey, four medicines have been approved to treat AIDS-related conditions. This brings the total number of approved medicines for AIDS or

AIDS-related conditions to 21.

- Nearly half of the medicines — 49 — are in development to treat opportunistic infections, which account for 90 per-

SUMMARY OF SURVEY RESULTS	1993	1992	1991	1990	1989	1988
• Approved Medicines	21	17	14	11	9	2
• Medicines/Vaccines in Development	103	91	88	62	55	46
• Companies Developing Medicines/Vaccines	74	66	64	40	39	39
RESULTS BY DEVELOPMENT STATUS						
• Phase I	22	26	28	18	22	13
• Phase I/II	11	11	15	25	13	10
• Phase II	30	23	22	7	11	12
• Phase II/III	24	17	18	18	8	4
• Phase III	23	15	16	14	6	6
• Phase I/II/III	0	0	0	0	1	0
• Phase Unspecified	0	1	0	0	3	2
• Applications at FDA for Review	11	11	5	1	1	3
RESULTS BY PRODUCT CLASS						
• Antivirals	38	30	34	27	17	13
• Cytokines	10	12	12	16	11	*
• Immunomodulators	13	13	12	10	7	25
• Anti-infectives	26	23	23	19	16	6
• Vaccines	8	8	7	2	2	2
• Others	15	9	8	3	2	*
TOTAL RESEARCH PROJECTS†	110	95	96	77	55	46

* Category was not included in survey that year.
† Reflects medicines in development for more than one use.

Audrey M. Edwards, Phd ACSW PSYCHOTHERAPIST

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Some of my friends and relatives have had strokes. Now I worry that I could have one too. Are African-Americans at special risk?

Yes, and you are right to be concerned. Of all population groups, American black men and women are at the highest risk of having a stroke, and the death rate is nearly twice that of whites. Not only is stroke one of the leading causes of death among blacks, it is also the number one cause of disability.

What causes a stroke?

A stroke is caused by a blood clot or by bleeding blood vessels in the brain. The resulting brain damage can lead to paralysis, usually on one side of the body, or it can be fatal. Fortunately, with modern medical treatment, the death rate from stroke is going down.

How can I tell if I'm having a stroke?

- The warning signs of stroke are:
- Sudden weakness, numbness or even paralysis of the face, arm or leg on one side of the body.
 - Sudden dimness or double vision, particularly in one eye.
 - Trouble talking or understanding what others say.
 - Sudden severe head-

- aches.
- Unexplained dizziness, unsteadiness or falls.
- Ministrokes or spells of stroke symptoms that go away in a few minutes or hours.

If you have one or more of these symptoms, get

AFRICAN-AMERICANS AT HIGHEST RISK FOR STROKE

medical attention immediately. Timely treatment can limit the brain damage caused by stroke and may save your life.

Can I prevent a stroke from happening?

There are ways to protect yourself. Have your blood pressure checked, and if it is high, follow the treatment your doctor prescribes. For African-Americans, high blood pressure is probably the most important risk factor for stroke.

Quit smoking. Smoking is another serious risk factor for stroke and heart disease. If you stop, your risk will be the same as that of nonsmokers after two smoke-free years.

Pay attention to irregular heartbeat. A

common type of irregular heartbeat, called atrial fibrillation, can cause blood clots to form and travel to the brain. People with this condition account for 15 percent of stroke victims. So if there are times when you think your heart is skipping beats or racing, get medical help immediately.

Unfortunately, there are other factors you can't control: your age, race and sex; whether you have diabetes; or if you have had one stroke already. That's why it is so important to know the warning signs of stroke and to get immediate medical attention.



Dr. Keith Ferdinand is a cardiologist and director of the Heartbeats Life Center in New Orleans. "African American Health Watch" is a public service feature supported by Marion Merrell Dow Inc., maker of cardiovascular medications. Please address your health questions to "African American Health Watch," 4600 Madison Ave., Suite 1300, Kansas City, MO 64112.