HEALTH

HEALTHWIRE

Medical Research: The Race Factor

PART I

By Lynne Taylor

The role of race and ethnicity in medical research can be a controversial topic. In the past, medical research involving minority populations often attempted to find links between ethnicity and behavior (often perceived as deviant) that would result in disease. In addition, past atrocities, including the Tuskegee Study (a U.S. government sponsored study in which African-American men with syphilis were purposely left untreated), have, for many, cast lasting suspicion on physicians seeking minority participants in research.

But playing a role in medical research, especially projects assessing new treatments, is important for people of all races "Minorities need to be informed about clinical trials," said Dr. Charles Thomas, an oncologist at the University of Washington School of Medicine. "The existing standard of care for many diseases, including most cancers, is 'sub-optimal', therefore [current] clinical research is [not] state-of-the-art, for minorities or anyone."

The faces of researchers have also changed dramatically since the days of the Tuskegee tragedy. Many of today's studies are conducted by physicians of color seeking to unlock the mysteries of diseases that have long affected people from their own communities. A wide range of illnesses are currently being studied, but work in three key areas will probably have the most impact on the lives of African Americans, Latinos, Native Americans and Asian Americans — heart disease, cancer and diabetes.

Statistics reveal that race often plays a role in who gets a particular disease or dies as a result of it (1990 survey of U.S. health statistics, Health and Human Resources Administration). External factors such as poverty, diet and access to health care definitely contribute to these differences in disease rates. Lower socioeconomic status alone, has been proven a risk factor for many diseases, regardless of ethnicity.

In recent years, however, many prominent physicians, scientists and the National Institutes of Health's Office of Research on Minority Health have begun to seek other clues to the illnesses that appear more frequently, and take more lives, among people of certain cultural and ethnic groups.

HEART AND VASCULAR DISEASE

Heart disease is the number one killer in the United States. That fact cuts across ethnic lines to include men and women of African American, Latino and Native American descent. Risk factors for heart disease include obesity, hypertension, diabetes and high cholesterol. African Americans have the highest incidence rates of heart disease and hypertension, while the rates for Asians and Native Americans are similar to, or lower than, those for whites.

Cases among Latinos fall between those of whites and African Americans. Despite this relatively high rate, research on heart disease in Latinos in scant. "There is very little out there about coronary heart disease in this population," said Dr. Paragiota Caralis a physician at the Veterans affairs Medical Center in Miami and professor at the University of Miami Medical School.

Why are heart disease and hypertension so common in African Americans? Recent research suggests that differences in salt metabolism may be part of the explanation. One study by Norman Hollenburg of Harvard University showed low rates of aldosterone, a hormone responsible for the processing of salt in the body, among African Americans with hypertension. However, the work of Dr. Randall Tackett, at the University of Georgia, revealed that salt metabolism may only be a part of the story. Dr. Tackett discovered that the veins of African Americans were actually less flexible than those of whites and that such a lack of flexibility could contribute to higher blood pressure and a need for stronger hypertension medications.

Among Asian Americans, a study comparing heart disease among Japanese people who left Japan to move to Hawaii or California, demonstrated the impact of environmental and other non-genetic factors. The Ni-Hon-San study, conducted by the Honolulu Heart Project, showed an increase in heart disease, obesity, and cholesterol levels among study participants as they moved west from Japan to Hawaii or California.

Yet, people from China, Japan and the Philippines carry very different risk factors for cardiovascular disease. A California study of more than 13,000 Asian Americans found that Chinese Americans had the lowest risk for heart disease. Japanese people had the highest cholesterol and Filipinos were the most likely to have hypertension. Other recent studies among Southeast Asians, focusing on people from Pakistan, India and Bangladesh, suggest a connection between their high rates of heart disease and insulin resistance.

To Be Continued

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HEALTHWIRE NEWSBRIEFS

STRUCTURE OF VEINS IN AFRICAN AMERICANS DIFFERENT THAN WHITES

Groundbreaking research, conducted by Dr. Randall Tackett, Head of Pharmacology and Toxicology at the University of Georgia, has shown that the veins of African Americans are less flexible and more difficult to dilate than those of whites, which may explain the disproportionate numbers of African Americans with heart disease and hypertension. It seems that the key difference lies in the endothelia, the flat cells that line the veins and arteries. Reasons for the difference are not completely clear, but genetic and environmental factors are considered important. Some of Dr. Tackett's findings, however, correlate with earlier work (by Dr. Norman Anderson at Duke University) showing that African Americans respond differently to the chemicals and hormones the body produces during stress (in terms of circulation, etc.) points out Dr. Elijah Saunders, Co-Founder of the International Society of Hypertension in Blacks.

The most immediate implications from the study, however, will be in the area of hypertension. Dr. Tackett explains, "a vessel that is less elastic, less flexible, will lead to an elevation in blood pressure." In addition, the fact the less flexible veins are more difficult to dilate means that very powerful drugs would be needed for dilation — indicating a need for hypertension treatment tailored to the needs of African Americans FOR FURTHER INFORMATION CONTACT: Dr. Randall Tackett, University of Georgia 1-706-542-5415.

SICKLE CELL PATIENTS LIVING LONGER

People with Sickle Cell Anemia have been enjoying dramatically increased life spans in the last two decades, according to a survey of patient data conducted by Drs. Orah Platt of Boston Children's Hospital and George Milner of The Medical College of Georgia and associates. As recently as 1973, the median survival for people with Sickle Cell was 14 years, now it is 50 years. The research did not fully explain the change, but Dr. Milner said that some of it can be attributed to the fact that several aspects of medical treatment have improved for people with Sickle Cell, since the late 60's. Among them, "at birth" testing in all states and medical follow-up of affected children; the discovery of the value of penicillin in treating the disease; and improved access to appropriate medical care (because of medicaid and the larger number of physicians who now know how to administer proper Sickle Cell treatments). FOR FURTHER INFORMATION CONTACT: Dr. Orah S. Platt at Boston Hospital 617-735-6347 or Dr. Randall Milner at The Medical College of Georgia 706-721-2361.

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