HEALTH

UNLOCKING THE MYSTERY

RESEARCH MAY EXPLAIN THE HIGH RATE OF BLACK HEART DISEASE

New research presented this summer mayhelp unlock the mysteries of why African Americans are more vulnerable to heart disease.

A team of Georgia researchers, presenting their findings at the recent Ninth International Interdisciplinary Conference on Hypertension in Blacks, said observations of blood vessel tissue indicate that the vessels of blacks are less flexible and expandable than those of whites. This is the first study to directly examine blood vessels for racial differences and may explain why African Americans have a higher rate of hypertension (high blood pressure) and higher rates of cardiovascular disease deaths than whites.

High blood pressure, often called the "silent killer," is a leading risk factor for heart attack, stroke, kidney disease and hardening of the arteries. Heart disease and stroke are the leading causes of death among blacks, together accounting for 36 percent of all deaths each year. Compared to whites, blacks have a 25 percent higher death rate from cardiovascular disease.

Dr. Elijah Saunders, of the University of Maryland Medical School, is an expert on hypertnsion in blacks, having written and lectured extensively on the subject. Dr. Saunders, co-foudner of the International Society on Hypertension in Blacks, says the new research could prove significant, but more studies are necessary.

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

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PROGRESS IN HEALTH

A Report from the Agency for Health Care Policy and Research
U.S. Department of Health and Human Services

Enlarged Prostate: What You Should Know

(NAPS)—Benign prostatic hyperplasia (BPH)—enlarged prostate—is a common condition in older men which causes frequent and urgent urination. This may disturb sleep, produce a sensation that the bladder never quite empties and cause difficulty starting to urinate.

By age 60, more than half of all men in the U.S. will have developed some degree of BPH.

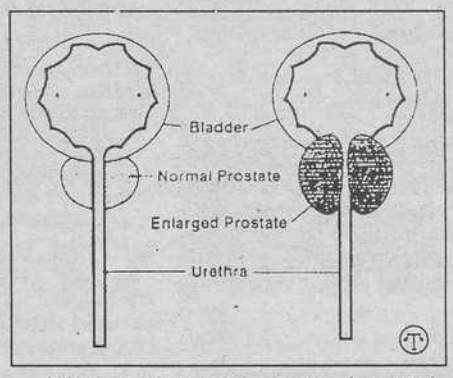
BPH is not related to prostate cancer. The condition, rarely life-threatening, primarily affects a man's quality of life.

According to a guideline for both consumers and health care providers released by the Agency for Health Care Policy and Research, a part of the U.S. Public Health Service, men with enlarged prostates should have the final say when it comes to deciding how to treat their symptoms.

The guidelines were developed by a private sector panel of leading urologists and other medical experts. The panel said an enlarged prostate, by itself, does not necessarily require surgery. The panel urged doctors to make sure that patients understand that symptoms associated with enlargement of the prostate progress at different rates and that some men never have more than mild or moderate symptoms.

The guidelines state there are five treatments for BPH:

• *Watchful waiting*, which involves regular monitoring but not active treatment.



When the prostate (a walnut-sized gland) enlarges, it squeezes the urethra and makes urination difficult.

• *Alpha-blocker drugs*, which help relax muscles in the prostate. Alpha blockers can relieve symptoms but they also may have side effects such as dizziness, fatigue, and blood pressure fluctuations.

• *Balloon dilation*, in which a balloon-tipped catheter is threaded through the urethra and into the bladder and inflated to allow for easier urine flow.

• *Finasteride drug treatment*, which can reduce prostate size and help reduce symptoms. Side effects can include a change in sex drive and impotence.

• *Surgical treatment*, which offers the best chance for relieving symptoms but also has the highest rate of complications.

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