

Diabetes And Blacks

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Diabetes, the seventh leading cause of death in the United States, is one of the six major contributors to the disparity in the health status between Blacks and Whites. The significance of diabetes as a health problem is increased by its association as a risk factor for other major diseases, including coronary heart disease, peripheral vascular disease, kidney failure, diseases of the eye and vascular complications, according to a recent report from the Department of Health and Human Services.

Addressing the national conference of the Urban League in Detroit last August, Lois W. Sullivan, M.D., Secretary of Health and Human Services, told a capacity gathering that disabling complications from diabetes in this country amounted to more than fifty percent. "If we are to make significant progress on diabetes and other health problems, then prevention and public awareness are vital to our national strategy," Sullivan said. She enumerated ten risk factors such as poor diet, lack of exercise, use of tobacco and alcohol and drug abuse—that could prevent between 40 and 70 percent of all premature deaths, a third of all cases of acute disability and two thirds of all cases of chronic disability in the United States.

The HHS report on Black and Minority Health lists two major types of diabetes. Insulin-dependent diabetes mellitus (IDDM), formerly classified as type I, diabetes, that accounts for 5 to 10 percent of all cases of diabetes in this country; and noninsulin-dependent diabetes mellitus (NDDM), formerly classified as type II. It is the more common type of diabetes, accounting for 90 to 95 percent of all cases, the study revealed. Type II diabetes is most often found in middle aged and older adults, especially Blacks. Data from the National Center for Health Statistics (NCHS) revealed that diabetes is more prevalent among minority groups than in the general population and that the excess of morbidity and mortality among Blacks occurs in type II, (NIDDM). Type I (IDDM) may occur at any age, but it typically develops in childhood or young adulthood. Type I is reported to be more prevalent in

the White population.

Although national statistics often do not distinguish between the two types of diabetes, the dominance of type II is significant because the risk factors of the two types are not the same. Our primary focus is on type II, the risk factors and treatment issues related to Blacks.

A glucose tolerance test is the method most commonly used to identify diabetes in an individual patient, but this assessment technique has changed with time. Relatively few reports or studies of the minority prevalence rates have used the now widely accepted National Diabetes Data Group (NDDG) criteria for defining several types of diabetes, so the tolerance test method prevails. Comparison of mortality data between the White population and the minority populations living in the United States shows disproportionately higher mortality rates from diabetes among Blacks, Hispanics, Native Americans and Asian/Pacific Islanders.

ALARMING STATISTICS

Diabetes is 33 percent higher in the Black population that it is in the White population, the HHS study shows. Most startling is the fact that the disease is 50 percent greater among Black females than in White females. In all ethnic groups, type II (NIDDM) is related to obesity. The prevalence of obesity among Black females is striking when compared to that for White females (46.1 Black to 27.4 White in the 44 to 54 age bracket). Studies also show that the majority of Blacks who are diabetic are overweight women and that complications of diabetes is more pronounced among the Black diabetics when compared to their White counterparts. The prevalence of macrovascular disease or large-vessel disease, that causes strokes and heart disease, and microvascular or small vessel disease, which leads to kidney failure and blindness, appear to be more frequent among Blacks with diabetes than in Whites with diabetes, the study contends.

The National Diabetes Control Program, administered by the Centers for Disease Control (CDC) that provided data on the pregnancy outcome for Blacks with diabetes, revealed that the birth rate per 1000 was higher for Black women when compared to White women.

However, the pregnancy outcome

among this population showed that the perinatal mortality rate among Blacks was three times higher than that of diabetic Whites, and 8.5 times higher than that of nondiabetic White women. This and other studies tend to substantiate the fact that pregnant Black women with diabetes have a greater portion of infant deaths than White women.

Evidence shows that mortality attributed to diabetes increased with age in both Blacks and Whites. Until recently, the rate peaked at younger ages in Blacks, an effect attributed to the shorter lifespan among Blacks and to the earlier incidence of the disease.

PREVENTION OF DIABETES

Almost half the cases of diabetes in Americans are likely to go unreported, according to an estimate of the American Diabetes Association (ADA). Some 10.6 million Americans (4.5 percent of the population) may suffer from the disease. Because of the close association of diabetes with obesity, it is also estimated that control of obesity could prevent almost 300,000 cases a year. Obesity control among minorities, especially Blacks, might prevent a part of the disproportionate burden of diabetes experienced by minority populations.

It is believed that earlier treatment of asymptomatic diabetes can prevent diabetic complications inasmuch as it is the complications rather than the diabetes per se that are responsible for much of the diabetes-related morbidity and mortality. Because type II diabetes is more likely to occur in those persons over 50, blood glucose screening or measurement of the glycosylated hemoglobin (Hemoglobin A1C) in minority individuals may be appropriate, the study recommends.

The Department of Health and Human Services should encourage state and local government to address the needs of Blacks and other minorities who have diabetes in areas where there are high concentrations of Black and other minority populations. DHH, through the Center for Disease Control, (CDC) and the National Diabetes Information Clearinghouse, can provide the information and technical assistance to facilitate state and local diabetes control activities.