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Diabetes Among Hispanics: All Are Not Equal

-- Prevalence Varies Among Subgroups, Length of Time in U.S. and Other Factors --

-- Also: Job Strain Increases Risk for Type 2 Diabetes Independent of Lifestyle Factors --

Alexandria, VA (July 24, 2014) – People of Hispanic and Latino origin are at high risk for developing type 2 diabetes and related cardiometabolic abnormalities, but the risk varies considerably among specific ethnic groups and other factors, such as the length of time they have been living in the United States, according to two studies and an accompanying commentary being published in the August issue of *Diabetes Care*®.

A separate study also published in the August issue found that job strain is a risk factor for type 2 diabetes in both men and women, independent of lifestyle factors.

Prevalence of Diabetes Among Hispanics/Latinos

Researchers have long known that people of Hispanic/Latino background are at higher risk for type 2 diabetes than non-Hispanic Caucasians. However, most research has looked at this group as a whole, rather than as a number of different populations.

There are more than 50 million Hispanics/Latinos currently living in the United States, making up about 16 percent of the population. The U.S. Census Bureau estimates that by 2050, one in three people living in the United States will be of Hispanic/Latino origin, including such diverse subgroups as Puerto Rican, Mexican, Cuban, Central and South Americans. But, wrote the authors of a commentary being published in this issue of *Diabetes Care*, “the differences in diabetes and obesity prevalence among Latino subgroups are masked when all individuals are combined into a single group.”

The Hispanic Community Health Study/Study of Latinos (HCHS/SOL) was launched by the National Heart, Lung and Blood Institute in part to fill in knowledge gaps regarding the prevalence and development of chronic diseases, such as diabetes, among the diverse members of these populations. It found considerable diversity among Hispanic/Latino groups when it comes to the prevalence of diabetes, as well as a low rate of diabetes awareness, diabetes control and health insurance.

The study found that the prevalence of total diabetes (both diagnosed and undiagnosed) among all Hispanic/Latino groups was roughly 16.9 percent for both men and women, compared to 10.2 percent for non-Hispanic whites. However, when looking at Hispanic/Latino groups individually, it found that prevalence varied from a high of 18.3 percent for those of Mexican descent to a low of 10.2 percent for people of South American descent. The study showed 18.1 percent of people of Dominican and Puerto Rican descent; 17.7 percent of Central American descent; and 13.4 percent of Cuban descent living in the United States had type 2 diabetes.

As seen in other populations, prevalence rose dramatically with age, reaching more than 50 percent for Hispanic/Latino women (overall) by the time they reached age 70 and 44.3 percent for men aged 70-74. The study also found that the longer a person lived in the United States, the more likely they were to develop diabetes, and the more education and income they had, the less likely they were to develop diabetes. The authors noted that many people in the study had poor glycemic control (52 percent) and/or lacked health insurance (47.9 percent).

"The picture that emerges from HCHS/SOL is one in which Hispanics/Latinos with diabetes have a high potential future risk of developing complications due to relatively poor glycemic control and diabetes management," said Neil Schneiderman, PhD, principal investigator for the HCHS/SOL. "Although there is a steep gradient relating high diabetes prevalence to low household income and education in Hispanics/Latinos, the finding of improved diabetes awareness among those who have insurance suggests that increasing the number of those insured may help flatten the gradient."

"If there are any bright highlights in the picture," he added, "they are that Hispanics/Latinos older than 65 years, who have better access to health care, are more likely to be aware of their diabetes, more likely to be receiving treatment, and have better glycemic control than those people under the age of 65 years."

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Prevalence of Metabolic Syndrome Among Hispanics/Latinos

Cardiometabolic abnormalities – a cluster of risk factors for both cardiovascular disease and type 2 diabetes such as abdominal obesity, high blood pressure, high cholesterol and triglycerides and high blood glucose levels – likewise differ among Hispanic/Latino groups but are higher in this population overall than among non-Hispanic whites, according to a second analysis of HCHS/SOL data. It found that the overall prevalence of the metabolic syndrome, as with diabetes, was highest among Puerto Ricans (37 percent) and lowest among South Americans (27 percent). The prevalence of the metabolic syndrome was significantly higher among Puerto Rican women (40.9 percent) than Puerto Rican men (32.6 percent). The rates of metabolic syndrome were higher in all study groups than the rates reported in other studies among populations in Argentina, Chile, Columbia, Ecuador, Mexico, Peru and Venezuela.

Among HCHS/SOL participants, only 21 percent of men and 14 percent of women had **no** cardiometabolic abnormalities, whereas 34 percent of men and 36 percent of women had three or more cardiometabolic abnormalities.

“It is remarkable that in women in the HCHS/SOL, abdominal adiposity is the factor that accounts for most to the high frequency of these metabolic abnormalities,” said Gerardo Heiss, MD, Professor, University of North Carolina at Chapel Hill. “Among the men several factors, such as high blood pressure or impairments in lipid or glucose metabolism, contributed to the high frequency of the metabolic syndrome.”

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In addition to providing critical new data, the HCHS/SOL can lead to better-informed treatment and prevention programs for ethnic groups that are disproportionately affected by type 2 diabetes, suggest the authors of the commentary accompanying the studies.

“The HCHS/SOL study provides an important model for how to decompose the heterogeneous burden of chronic diseases among other racial/ethnic groups (e.g., African/African Americans and Asian/Asian Americans),” the authors concluded. “Future studies will be needed to further explore the complex social determinants of health faced by racial/ethnic minorities.”

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Job Strain Increases Diabetes Risk

Few studies have looked at the association between work-related stress and the risk for type 2 diabetes. This analysis of 125,000 European adults found a 1.15-fold increased risk for developing type 2 diabetes among both men and women undergoing work-related stress, independent of other unhealthy lifestyle factors such as obesity, physical inactivity, smoking and heavy alcohol use.

Job strain was measured using self-reported questionnaires that looked at workload, conflicting demands, time demands, the freedom to make decisions and the ability to learn new things on the job.

Further study is required to determine whether stress management would provide a possible means for reducing the risk for type 2 diabetes.



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