Ethnicity: The Other CV Risk Factor?

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People of south Asian background (namely Indians, Pakistanis, Bangladeshis and Sri Lankans) have a 40-50% greater mortality from coronary heart disease (CHD) than those of White-Caucasian, European origin. A statistic known for some 5 decades. Those of African-Caribbean and Chinese descent have tended to have lower rates of CHD mortality. Several lines of hypotheses attempt to unravel 'genetic versus environment' factors to explain the excess CHD risk amongst south Asians. A predisposition to insulin resistance, at an early age, with subsequent development of metabolic syndrome and diabetes mellitus remains the strongest line of evidence. Cigarette smoking, lack of physical activity and dietary issues may then exacerbate the genetic component.

The INTERHEART study revealed the importance of the same traditional risk factors in all populations and cultures. Perhaps the 'potency' of individual risk factors may impact on differing ethnic groups at different thresholds? For example, the concept of lower waist circumference targets in those of Chinese descent when diagnosing metabolic syndrome.

A strategy of increased awareness, altering the guidelines/targets to address the 'ethnicity' risk factor... in addition to a more aggressive approach on CV risk factor management remain the focus of attention. Whether lowering the threshold to treat lipids, blood pressure or blood sugar merits further debate.

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Received October 30, 2008; accepted November 3, 2008