

Obese Blacks, Hispanics Downplay Health Risks

BY CAROLYN SACHS
Contributing Writer

HONOLULU — Many overweight black and Hispanic adults' estimates of their obesity-related health problems are more optimistic than are practice-based statistical findings, according to research presented in a poster at the annual meeting of the National Medical Association.

Data from a telephone survey "point to an important opportunity for physicians to communicate to their minority patients" regarding the health consequences of obesity, wrote Dr. Valentine J. Burroughs, chief medical officer of North General Hospital, New York, and colleagues.

The researchers reported that "self-reported rates of obesity-related comorbidities among African-American and Hispanic adults," self-described as overweight, "fall below what would be expected ... suggesting a lack of awareness of actual risk."

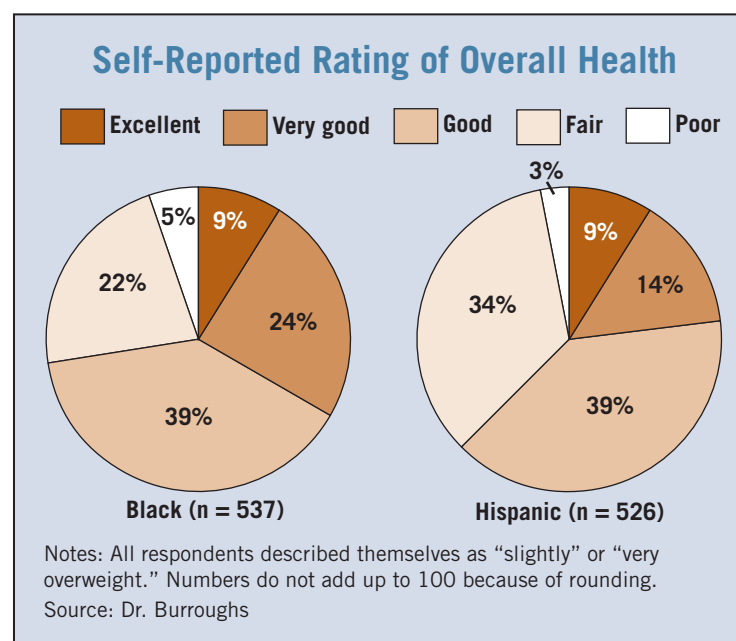
Information for the study was collected from a telephone survey of 537 black and 526 Hispanic adults; 30.1% of black respondents and 35.4% of Hispanic respondents were male. The researchers recruited only those candidates who described themselves as being either "slightly" or "very" overweight. A higher percentage of Hispanic participants (81.9%) reported themselves as being "slightly overweight," compared with

black participants (76.6%).

The obesity-related comorbidities that were most frequently self-reported by black participants were high blood pressure (33.0%), arthritis (20.4%), and high cholesterol (18.4%); Hispanic participants most frequently reported high cholesterol (17.2%), high blood pressure (15.0%), and difficulty sleeping (12.5%).

Survey participants were also asked to rate their overall health. Only 3% of Hispanics rated their health as poor, as did 5% of blacks. (See box.)

The study was funded by GlaxoSmithKline Consumer Healthcare; all the study authors either consulted for the company or were employed by them. ■



Antioxidants Do Not Protect Women at High Risk of CVD

BY DOUG BRUNK
San Diego Bureau

Women at high risk for cardiovascular disease who take ascorbic acid, vitamin E, and beta-carotene in hopes of preventing cardiovascular events may want to rethink that strategy.

A large, long-term study found that there is no overall preventive effect of ascorbic acid, vitamin E, or beta-carotene on cardiovascular events among women at high risk for cardiovascular disease, whether taken alone or in combination.

"While additional research into combinations of agents, particularly for stroke, may be of interest, widespread use of these individual agents for cardiovascular protection does not appear to be warranted," wrote the researchers, who were led by Nancy R. Cook, Sc.D., of the division of preventive medicine at Brigham and Women's Hospital, Boston.

For the randomized trial, known as the Women's Antioxidant and Cardiovascular Study, Dr. Cook and her associates tested the effects of ascorbic acid, vitamin E, and beta-carotene on the combined primary outcome of myocardial infarction, stroke, coronary revascularization, or CVD-related death in 8,171 women aged 40 years or older. All had a history of cardiovascular disease or three or more risk factors for CVD.

The mean age of the 8,171 women was 61 years. Of these, 5,238 (64%) had a prior cardiovascular event and 2,933 (36%) had three or more CVD risk factors.

In a two-by-two-by-two factorial study design, each study participant took 500 mg per day of ascorbic acid (synthetic vitamin C), 600 IU of vitamin E every other day, and 50 mg of beta-carotene every other day. The women took the supplements for a mean of 9.4 years, starting in 1995-1996 and ending on Jan. 31, 2005 (Arch. Intern. Med. 2007; 167:1610-8).

Compliance was defined as taking at least

two-thirds of the study pills. The researchers relied on patient self-reports for compliance twice during the first year, then annually until the end of the trial.

Dr. Cook and her associates reported that during a mean 9.4 years of follow-up, 1,450 women had a total of 1,856 cardiovascular disease events. These included 274 myocardial infarctions, 298 strokes, 889 coronary revascularization procedures, and 395 cardiovascular disease-related deaths.

The researchers found no overall effect of ascorbic acid, vitamin E, or beta-carotene on the combined primary outcome of myocardial infarction, stroke, coronary revascularization, or CVD-related death among women in the study. However, a marginally significant reduction in the primary outcome from vitamin E use was observed in a subgroup of women with a history of CVD (relative risk 0.89).

There were no overall effects of the agents on the individual secondary outcomes of myocardial infarction, stroke, coronary revascularization, or CVD-related death. However, a significant reduction in stroke was seen among women taking both ascorbic acid and vitamin E, compared with those in the placebo group for both agents (RR 0.69), suggesting a two-way interaction.

On average, the reported compliance for each antioxidant was 76% at 4 years and 68% at 8 years of follow-up, which is one limitation of the study. In addition, the researchers wrote that "mortality information follow-up was virtually complete through 2003 and then 93% complete for the remaining two years."

The study was supported by a grant from the National Heart, Lung, and Blood Institute.

Cognis supplied the vitamin E and its placebo, while BASF supplied all other supplements and their placebos. Neither company had influence on the design or conduct of the study. ■

Obesity Before Pregnancy Raises Risk of Birth Defects

BY MARY ANN MOON
Contributing Writer

Maternal obesity before pregnancy significantly increases the risk for offspring with anorectal atresia, hypospadias, limb reduction defects, diaphragmatic hernia, and omphalocele, researchers reported.

D. Kim Waller, Ph.D., of the University of Texas School of Public Health, Houston, and her associates used data from the National Birth Defects Prevention Study to assess whether maternal weight affected risk for several categories of structural birth defects. This is the first study to report a link between maternal obesity and these five types of defects using sufficient sample sizes of 150 or more cases.

More than half of American women aged 20-39 years are estimated to be overweight (with a body mass index [kg/m²] in a range greater than or equal to 25 up to less than 30), or obese (BMI greater than or equal to 30). A strong association between these conditions and higher fetal risk for spina bifida and heart defects has already been reported.

However, "the potential relation between obesity and other birth defects remains less certain, as those studies that have examined a range of different birth defects did not have sufficient numbers of cases to generate precise odds ratios," the researchers said.

The National Birth Defects Prevention Study not only has a very large sample size but also includes "well-defined, state-of-the-art procedures for case definition, clinical review, and classification of birth defects—which are often complex and difficult to classify. ... [F]or many types of birth defects, it provides much greater statistical precision than has been previously possible," they noted.

The investigators analyzed data on 10,249 babies born with structural birth defects in eight states between 1997 and 2002, as well as 4,065 control subjects representative of the general population.

Maternal obesity was found to raise the risk for spina bifida and heart defects, confirming the findings of previous studies. It also significantly increased the risk for anorectal atresia, hypospadias, limb reduction defects, diaphragmatic hernia, and omphalocele, with odds ratios ranging from 1.3 to 1.6.

Maternal obesity also carried a borderline increase in risk for cleft palate, the researchers said (Arch. Pediatr. Adolesc. Med. 2007;161:745-50).

Maternal overweight significantly increased the risk for heart defects, hypospadias, and omphalocele, and slightly raised the risk for craniosynostosis.

In contrast, "mothers who were underweight had no significant increase or decrease in risk for these birth defects, except for a modest increase in risk for cleft lip with or without cleft palate," Dr. Waller and her associates said.

Unlike previous studies, this analysis failed to demonstrate an association between maternal obesity and anencephaly, hydrocephaly, or cleft lip. However, this result may have been to the result of chance, because the number of cases of these three birth defects was relatively low.

The reason that maternal obesity or overweight is associated with birth defects is unknown.

Because an excess of these same defects has been reported in women with diabetes who become pregnant, it is possible that alterations in glycemic control underlie the association, the investigators added. ■