Heart Disease Risks Differ Among Black Women

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SAN DIEGO — Biochemical coronary heart disease risk markers differ between young black women born in the United States and those born in other countries, Errol Davis, Ph.D., reported in a poster session at a meeting sponsored by the American Society for Nutritional Sciences.

The finding suggests that physicians "should not assume that all black individuals have the same level of risk in developing coronary heart disease," Dr. Davis, a postdoctoral fellow in the department of dietetics and nutrition at Florida International University, Miami, told this newspaper. "Health care professionals designing or managing programs to reduce coronary heart disease in ethnic populations should respond to the specific needs of the different groups within this same race for more effective outcomes."

In a cross-sectional study conducted with his associate Fatma Huffman, Ph.D., Dr. Davis analyzed the blood lipids and levels of high-sensitivity C-reactive protein (hs-CRP) in 35 foreign-born Afro Caribbean American women living in the United States for fewer than 10 years, 32 Afro Caribbean women born in the United States, and 31 African American women. The women ranged in age from 18 to 40 years.

The investigators observed no significant differences among the three groups in terms of mean total cholesterol, LDL cholesterol, and HDL cholesterol. However, the mean hs-CRP levels were significantly lower in foreign-born Afro Caribbean American women and Afro Caribbean women born in the United States, compared with levels in African American women (1 mg/L, 1.1 mg/L, and 2.4 mg/L, respectively).

In addition, elevated hs-CRP levels defined as greater than 3 mg/L were observed in 10% of foreign-born Afro Caribbean American women, 7.4% of Afro Caribbean women born in the United States, and 30% of African American women.

"We were not totally surprised by the results," Dr. Davis said. "South Florida is a cultural melting pot due to its ethnically diverse population. We previously observed differences in behavioral habits between foreign-born and U.S.-born individuals of African ancestry. There are data indicating that the death rate due to coronary heart disease in foreign-born individuals was lower than that of their U.S.-born counterparts. It was our theory that biochemical differences with respect to coronary heart disease would also exist. However, there was no evidence in the literature for this assumption. Hence, the importance of our research." He added that because the study was small and its participants were from a university setting, the findings may not be generalizable to all black women. ■

Classic Symptoms May Miss CHD in Younger Women

NEW YORK — Premenopausal women who undergo cardiac catheterization for classic symptoms of coronary heart disease may be less likely to have findings of the disease than women without those symptoms, according to a small retrospective study.

Andra L. Blomkalns, M.D., of the University of Cincinnati and her colleagues identified 169 premenopausal women (younger than 50 years) who underwent cardiac catheterization (defined as having a stent or angioplasty), from a multicenter registry of 17,713 patients who had a complaint of chest pain and received electrocardiography. Of the 169 patients, 53 (31%) had significant coronary artery disease or stenosis greater than 70%.

A set of factors that put premenopausal women at a significantly increased risk for coronary heart disease (CHD) included increasing age, a moderate- or high-risk initial impression, a history of CHD, and positive cardiac markers. In a multivariate model, this set of risk factors predicted CHD with an accuracy of about 80%, Dr. Blomkalns reported in a poster session at the annual meeting of the Society for Academic Emergency Medicine.

The classic symptoms of CHD such as shortness of breath and pain radiating to the chest or left arm were not significantly associated with an increased risk for CHD in the premenopausal women.

—Jeff Evans