
15. Diabetes in Specific Ethnic Groups

Risk and Complications of Diabetes

Several ethnic groups, including Hispanic Americans, African Americans, Asian Americans, Native Americans, and Pacific Islanders, have a higher prevalence of type 2 diabetes, impaired glucose intolerance, and gestational diabetes than white Americans have. Diabetes-related morbidity and mortality is also higher in these groups. Several theories have been proposed to explain these differences:

- The theory of the “thrifty genotype” suggests that some ethnic groups had a selective survival advantage in times of famine by having a highly efficient caloric storage system. In times of abundance, however, this feature becomes detrimental and predisposes to diabetes.
- Studies comparing migrant populations (e.g., Asian Americans) with native nonmigrant populations have shown an increased risk of diabetes in the migrant populations, which suggests an influence of environmental changes and western lifestyle. A diet high in fat and low in fiber, lack of exercise, and obesity are therefore being studied as causative factors for the higher prevalence of diabetes in various ethnic groups.
- Socioeconomic factors may also influence the prevalence of diabetes.

Ethnicity also affects the prevalence of diabetes-related complications:

- End-stage renal disease and diabetic retinopathy occur frequently in all of the ethnic groups previously listed (Hispanic Americans, African Americans, Asian Americans, Native Americans, Pacific Islanders).

- Hispanic Americans, African Americans, and Native Americans have higher rates of proteinuria than do white Americans.
- African Americans have higher rates of peripheral vascular disease and amputations than do other ethnic groups.
- Diabetes-related mortality rates are higher in Hispanic Americans, African Americans, and Native Americans than in other ethnic groups.
- Complication rates for Asian Americans vary according to country of ancestry.

Approach to Management

Diabetes should be considered a public health problem in these ethnic groups. Specific interventional strategies are being studied; in the meantime, the following general approaches to providing diabetes care should be followed:

- Persons belonging to any of the ethnic groups listed (Hispanic Americans, African Americans, Asian Americans, Native Americans, Pacific Islanders) should be screened for diabetes as high-risk persons.
- Patients of all ethnic groups need to be assessed for the impact of cultural and religious practices on diabetes care. Ask, “Do any of your religious or cultural beliefs or practices influence the way you care for your diabetes?”
- Diabetes education should be provided and programs developed that are culturally sensitive to language, literature, cultural beliefs, and values for both specific and diverse groups of patients.
- Educational materials should reflect the culture of the patient in terms of pictures, language, word usage, and food.

- Cultural attitudes toward food, obesity, and exercise need to be assessed and taken into account.
- Because different cultural groups may interpret information differently, assess understanding at the end of each visit or educational session by using the “teach-back” method—ask the patient to tell you in his or her own words what advice he or she received and what actions will be taken at home to implement it.
- A useful resource for tips on providing medical care to persons of various ethnic groups (not diabetes-specific) can be found at the following Web site: <http://med.umich.edu/multicultural/ccp/culture.htm>.

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