

LIFESTYLE AND HEALTH OUTCOMES

SECTION IV: LIFESTYLE AND HEALTH OUTCOMES

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A. OVERVIEW

This session offered discussions on risk factors related to cardiovascular disease, with particular emphasis on the relatively higher prevalence of diabetes and tobacco use in Arab Americans and the possible higher prevalence of hypertriglyceridemia. Presentations focused on barriers including: lack of effective communication between healthcare providers and Arab American patients, socioeconomic conditions, cultural myths and misconceptions related to treatment and prevention, insurance coverage, and the complexity of incorporating preventive services into a typical office visit.

Evidence of increased risk for cardiovascular disease associated with genetic predisposition and with lifestyle factors such as tobacco use, nutrition and obesity has been established. The link between depression and cardiovascular diseases is emerging as an area of investigation. One presentation focused on summarizing the evidence for the role of depression or depressed affect in the etiology and in the prognosis of heart conditions.

Findings of an original investigation from Lebanon reviewed the association between male infertility as a chronic condition and a series of culturally specific risk behaviors, such as consanguinity in marriage, a common practice in Arab countries. Other possible risk factors, such as war-related stress, smoking, reproductive infections, caffeine consumption, and occupational exposures, were also reviewed. War-related trauma, episodes of sexually transmitted or reproductive illness and consanguinity were suggested as contributing risk

factors to male infertility based on this clinic-based, epidemiological investigation.

One presentation of a comprehensive, community-wide assessment of mental health needs among communities of Middle Eastern and East African descent in the San Diego, California region included a look at the relationship between psychological symptoms and history of trauma, levels of acculturation and other social factors. Experiencing racial/ethnic discrimination by adopted society, history of torture and harassment in country of origin and language barriers were commonly reported. Difficulty in revealing and seeking help for these stressors were observed and resulted in various psychological problems, including anxiety, anger and aggressiveness in students. The need for improving cultural competency within the healthcare system to enable it to reach out, identify and manage these conditions was discussed.

Utilization of glucose-lowering agents and aspirin in Arab American patients with diabetes was compared to the national utilization rate of these agents as measured by national surveys. The study site was the city of Dearborn, the major hometown for Arab Americans in Michigan. Patterns of utilization were found to be different between Arab American diabetics in the Dearborn area who were less likely to be treated with insulin and more likely to receive oral hypoglycemic medications when compared to the general population. Arab Americans remarkably underutilize aspirin. Better diabetic control is indicated for Arab American patients in order to prevent diabetic complications and to reduce the incidence of

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adverse health outcomes such as cardiovascular disease.

The interaction between quality asthma control in Arab Americans of Detroit and psychological distress was discussed.

Arab Americans with asthma had a higher prevalence of mental health-related symptoms compared to their non-asthmatic counterparts. This association was more marked for foreign-born patients

and patients with indicators of lower acculturation. Language barrier was noted as a risk factor for mental distress including symptoms of anxiety, fear and mood disorder.