

Ethnicity and cardiovascular disease. The incidence of myocardial infarction in white, South Asian, and Afro-Caribbean patients with type 2 diabetes (U.K. Prospective Diabetes Study 32).

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OBJECTIVE: To estimate the incidence of myocardial infarction (MI) by ethnicity in subjects with diabetes and to examine the effect of ethnicity, adjusting for differences in cardiovascular risk factors. **RESEARCH DESIGN AND METHODS:** For a prospective study, 4,974 patients with newly diagnosed type 2 diabetes, aged 25-65 years, were recruited from 23 clinics around the U.K. between 1977 and 1991. Of these subjects, 82% were white, 10% were South Asians, and 8% were Afro-Caribbeans. Fatal and first nonfatal MIs were defined by criteria based on the World Health Organization's Multinational Study of Vascular Disease. Age-standardized incidence rates were calculated. Cox regression was used to assess the independent effect of ethnicity controlling for risk factors for MI measured at study entry. **RESULTS:** Of the subjects, 295 had a fatal MI and 558 had a fatal or a first nonfatal MI. The age-standardized rate per 1,000 person years for fatal or nonfatal MI for whites was 14.6 (95% CI, 13.3-15.9), for Afro-Caribbeans 4.3 (2.5-7.0), and for South Asians 15.4 (10.6-21.4). The hazard ratio associated with Afro-Caribbean ethnicity for MI relative to whites was 0.3 (0.2-0.6) after adjusting for age, sex, year of study entry, systolic blood pressure, smoking, social class, total cholesterol, and HDL cholesterol, whereas the hazard ratio for South Asians was 1.2 (0.9-1.7). **CONCLUSIONS:** This study found that after adjusting for conventional cardiovascular risk factors, U.K. Afro-Caribbean subjects with diabetes had a lower risk for MI than whites, whereas South Asians did not have a risk different from that of whites.