

The changing face of heart disease

Vaughan

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South Asians face a higher risk

By KIM ZARZOUR

It took a toothache to turn Raja Rajaram's life around.

It was a simple abscess, an annoyance that he couldn't ignore any longer, even though he was miles from home working on a construction site in Thunder Bay.

The tooth needed surgery, and just as he was drifting off into an anaesthesia-induced sleep, he heard someone - a nurse, maybe? - remark that he must have eaten a lot of sweets for dinner last night, because his blood sugar was really high.

Later, recovering from the procedure, he received an anxious phone call from his wife back home in Markham. He had to go see his doctor, she said. Right away. There was a problem, and it was serious.

Being the kind of hard-working guy that he was, the professional engineer didn't take the news as seriously as maybe he should have.

When he finally did get around to seeing the doctor, he was told he had type 2 diabetes.

Mr. Rajaram put that tidbit of information on the backburner and carried on with his hectic lifestyle - to his deep regret.

Now, 28 years later, with heart troubles, on insulin and blind in one eye, he wants other South Asians to know that their health, in this busy North American environment, could be in jeopardy.

"If I knew then what I know now ..." he says, to whomever will listen. His mission: to share his experience with others in his community, especially the "closet diabetics" - those who quietly bear the illness - to let them know that it is possible, with a little effort, to keep both their South Asian culture AND their good health.

February is heart health month. Usually, that means public events and higher profile education campaigns espousing healthy food and exercise.

But in the South Asian community, where heart disease and its sister ailment, diabetes, are stealthily wrecking havoc, experts are working even harder to spread the word. For York Region, where this ethnic group is predicted to make up the largest visible group by the year 2017, the message takes on even greater urgency.

Cardiac care doctors from across Richmond Hill, Markham and Vaughan report a steadily increasing number of South Asian patients coming through their doors.

"Heart health of South Asians in southern York Region is now a major health issue," says Dr. Ajai Pasricha, a cardiology consultant at Markham Stouffville Hospital.

"Heart disease remains the number one cause of death in Canada ,.. but South Asians have a four times higher risk," he stresses. "Compound that with the fact that it affects a younger population than in other ethnic groups, and our growing multicultural society in York Region."

Dr. Pasricha, who is medical director at the Seva Cardiac Centre in Markham, says most families in the South Asian community have been touched by heart disease in some way, and, in coronary care units across the GTA, physicians report 40 to 50 per cent of their patients are of South Asian descent.

Diabetes, which is one of the main factors in heart disease, is also a growing burden for the community, he says.

According to the Canadian Diabetes Association, about 80 per cent of people with diabetes will die as a result of heart disease or stroke.

The Canadian Diabetes Association now has a South Asian Chapter to tackle the problem, and Canada's Heart and Stroke Foundation has taken a very serious interest in the issue as well, according to Dr. Marco Di Buono, director of research for the Foundation.

While average males may exhibit early signs of blockage in arteries in their 50s and 60s, Dr. Di Buono says doctors are noticing those signs are showing up in much younger age groups - 30s and 40s - among South Asians. "That's quite scary."

It's predicted that by the year 2020, the number one cause of death among South Asians will be cardiovascular disease.

Why this particular ethnic community is so affected by diabetes and heart disease is still unknown.

"That's the holy grail," admits Richmond Hill's Dr. Pasricha.

Dr. Di Buono agrees. "We can only guess at the causes."

"The problem is, everything we know about predicting heart disease risk is based on research ... looking at middle-aged white men." That information is not as useful in this increasingly multicultural society, he says.

Researchers are working "aggressively" to find the cause - along with what's behind similar higher risks among aboriginals, blacks and those in the Ontario Chinese community, says Dr. Di Buono.

"Our mandate right now is to look at what's driving heart and stroke disease in Ontario today.

Dr. Charanjit Bambra, executive director of the Social Services Network, believes much of it relates to migration and the adoption of a North American lifestyle.

"There are a number of genes linked to heart disease that are normally not active in South Asian population, but with changes in lifestyle - more time working, less time for cooking and exercise, leading to higher consumption of fast food - that can lead to a change in the genes and a higher incidence of heart disease."

This is not just a problem for South Asians in Canada, he says, but across North America and Britain as well.

Studies show people are much more active in South Asian countries, regularly walking to the temple or to socialize, says Siva Swaminathan, president of the South Asian chapter of the Canadian Diabetes Association. "But in North America, with bad weather six months of the year ... it's a much more sedentary lifestyle." It doesn't help that Slushies and donuts are available on every block, she says.

There is also a cultural stigma, among women especially, who feel uncomfortable or embarrassed about participating in activities outside the home, experts say.

"The message we're sending out, that you need to be active for 30 minutes a day, so go run or ski or something, just doesn't resonate, says Dr. Di Buono. For many, joining a gym is just not feasible.

Food consumption changes too, when South Asians move to Canada. Research shows newcomers tend to eat fewer meals - but consume more food in general: larger portions, more snacks, meat and processed fast foods, convenience canned and frozen products - often at the expense of fresh fruits and vegetables.

But there's more to it than that, Dr. Di Buono says. He points to a "cultural legacy" of heart-unhealthy high-fat cooking techniques passed from generation to generation.

"Ghee" (butter) and other extra fats or oils are often added to traditional South Asian foods, due to their association with prestige, prosperity, and physical strength. At the

same time, South Asian holidays often feature buffet-style meals that are high in fat and sugar.

So what's the answer?

"The first thing we need to do is consciously raise awareness of the problem," Dr. Di Buono says. That's happening now - the Heart and Stroke Association is working with community leaders like Dr. Pasricha to get the message out. At the Seva Cardiac Centre, (Seva is Hindi for "service") staff members speak several South Asian languages including Tamil, Indian, Hindi and Punjabi.

The Heart and Stroke Foundation is putting a "massive effort" into adapting its resources - pamphlets translated in South Asian languages (as well as Mandarin and Cantonese), and information videos in the "Bollywood" style.

Dr. Di Buono says there is also a need to reach community centres and kitchens where many social festivities revolve around traditionally prepared food, helping them "see the damage it's doing to the community," and teaching ways to modify recipes to make them healthier. Since much of the activity is supported by volunteers and contributions, donations of healthier ingredients could be encouraged - canola oil instead of butter, for example.

In addition to healthy diet and exercise, it's also important that the South Asian residents be reminded of the importance of regular blood pressure, cholesterol and blood sugar checks, says Dr. Pasricha. "Easy things to do, certainly within the grasp of any individual and the health care system."

"We're not preaching to every South Asian to completely change their dietary habits," Dr. Di Buono echoes. "We're just saying that you're already fighting against the odds" and it's worth any changes you can make. He concedes it's not easy to change deep-seated traditions - especially when there are multi-generations living under the same roof.

"You can't put all the blame solely on the shoulders of the individual ... We can't just preach to the individual; we need to facilitate it."

Providing more culturally appropriate and community-based activities may help. The Canadian Diabetes Association suggests aerobic activity in the form of dancing to Bollywood movie songs, community centre activities that are female-friendly, and home-based peer groups or buddies for physical activity.

Dr. Di Buono makes further suggestions:

- Increase accessibility and affordability of recreation facilities
- Ensure there are enough doctors to spend time determining family history, counselling on healthy lifestyle

- Provide healthy snacks to school
- Regulate the price of fruits and vegetables.
- Address myths and misconceptions - you don't have to go to the gym and get sweaty, for example; a brisk mall walk can be just as good. (It doesn't have to be 30 minutes at once - three ten-minute segments work too.)

But when it comes down to it, you have to take charge of your own life, Raja Rajaman says.

"I always thought it can't happen to me." He knows differently now - and he LIVES differently now too, with exercise and a careful diet. When winter weather makes his regular outdoor walking regime difficult, he makes up for it with shopping excursions to the grocery store and mall. He and his wife, who also has type 2 diabetes, have learned how to cook their favourite dishes in a heart-healthier way.

At a recent dinner party, he says, they served a traditional South Asian meal 'palak panir' prepared with tofu instead of the usual heavy cheese. "Our guests really enjoyed it - and they didn't even know!"

Today, at 70, he feels healthy and young and his doctors say he's doing well. He volunteers his time with the Canadian Diabetes Association to help others, and as often as he can, "I look up to the skies and say thank you."