

Cardiovascular disease among South Asians

Cardiovascular disease in our country has reached epidemic proportions, and we commend Chiu and colleagues for their thorough investigation into the role of ethnicity and risk factors.¹

There is no question that South Asians have higher rates of diabetes than the general population and that poor diet and exercise are the major risk factors behind this trend. What was surprising from the study was that the rate of coronary artery disease was reported to be higher in the Caucasian subgroup than in the South Asians. We are unclear how to interpret this information in light of the growing evidence for disproportionately high rates of coronary artery disease among South Asians.^{2,3} We wonder whether the methods (i.e., self-reported measures) influenced the results of Chiu and colleagues' study.

Nevertheless, it is clear that we require more definitive measures for determining the rates of coronary artery disease in the South Asian population in Canada. We hope that Chiu and colleagues' article sets the precedent and generates further interest to encourage high-quality epidemiologic studies in Canada. Such work will be fundamental to policy decisions required to reduce the burden of cardiovascular disease in this country.

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We thank Garg and Verma for their comments on our article. In our study, South Asians actually had a slightly, nonsignificantly higher overall self-reported prevalence of heart disease (5.2%), compared with the Caucasian group (5.1%). However, there appeared to be a gender interaction, whereby the difference between the two groups was greater among women than men.

We agree that self-reported data on prevalence warrant further study with more objective data sources, such as clinical registries or administrative databases. There may be important ethnic differences — such as age at presentation, types of heart disease (e.g., angina, myocardial infarction v. congestive heart failure) and survival after acute cardiac events as well as recall of previous events — that influence the overall prevalence of heart disease. We hope our article will be a stimulus for additional research so appropriate interventions can be undertaken to reduce disparities in the burden of cardiovascular disease and stroke in Canadians from all ethnic groups.

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