

Diabetes and kidney disease may increase African-Americans' cardiovascular-related risks

June 23 2016

New research indicates that diabetes and kidney disease may increase African Americans' risk of stroke and coronary heart disease, as well as their risk of dying from cardiovascular causes. The findings, which appear in an upcoming issue of the *Clinical Journal of the American Society of Nephrology (CJASN)*, suggest that assessing kidney function, especially among African Americans with diabetes, may be helpful for identifying individuals with elevated cardiovascular risks.

African Americans have high rates of morbidity and mortality related to cardiovascular disease. A team led by Maryam Afkarian, MD, PhD, Bessie Young, MD, MS (University of Washington), and Adolfo Correa, MD, MPH, PhD, MBA, (University of Mississippi Medical Center) evaluated whether diabetes and [kidney disease](#), which are common among African Americans, may play a role.

The investigators analyzed information on 3211 African Americans living in Mississippi who were enrolled at baseline in the Jackson Heart Study from 2000 to 2004. Among the major findings over a median follow-up of 7 years:

- The presence of diabetes alone, kidney disease alone, or the combination of diabetes and kidney disease was associated with excess risks for cardiovascular mortality of 2.4%, 7.3%, and 14.8% per year after adjusting for demographic and clinical

factors

- The combination of diabetes and kidney disease was associated with a 3.3-fold higher rate of coronary heart disease and a 6.2-fold higher rate of stroke.

"African Americans in low-income counties in Mississippi have higher rates of adverse cardiovascular outcomes and mortality than any other subpopulation in the US (including other African American subpopulations), rates that are comparable to those in some of the most underprivileged parts of the globe," said Dr. Afkarian. "The purpose of this study was to find how much [diabetes](#) and kidney disease, which are both very common among African Americans, contribute to the excess burden of cardiovascular disease and death in this population subgroup. This is an important question because in order to reduce the excess burden of [cardiovascular disease](#) and death, it is important to identify the factors that contribute to them."

More information: *Clinical Journal of the American Society of Nephrology*, [DOI: 10.2215/CJN.13111215](https://doi.org/10.2215/CJN.13111215)

Provided by American Society of Nephrology

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