Hypertension in African Americans accounts for excess cardiovascular morbidity and mortality. There is a disproportionate prevalence of hypertension in this population, and African Americans have benefited less than other populations from medical advancement. Over the decades, research has attempted to identify pathophysiology unique to this racial group. Emerging from clinical investigation focused on this patient population is the awareness that a complexity of factors interacts and converges, resulting in the increased disease expression and clinical sequelae. This review focuses on recent observations and insights, from genetic to environmental factors, associated with hypertension in African Americans and highlights evidence-based approaches to treatment that have demonstrated cardiovascular benefits in recent clinical trials.

Racial disparities affecting the reproductive health of African-American women range from a twofold excess risk of delivering a preterm baby to a fourfold excess risk of maternal death. They extend from being subjected to unnecessary primary caesarean deliveries to receiving substandard surgical procedures, chemotherapy, and radiation for reproductive tract malignancies. What is it that puts African-American women at risk for such outcomes, and how can they be permanently eliminated? As substrate for the serious debate and conversation that needs to take place around the subject matter, this article discusses some of the most critical areas.
affecting the reproductive health of African-American women and presents the crucial aspects of the racial-related disparities.

Racial Disparities in Emergency Surgical Care

David C. Chang, L.D. Britt, and Edward E. Cornwell

Socioeconomic factors and differences in access to health care systems, perhaps more so than physiologic differences, play a significant role in race-based differences faced by acute care practitioners. It is frequently difficult to quantify the relative contribution of socioeconomic factors because they are often closely related to stage of illness on presentation, aggressiveness of care, and comorbid medical conditions. This article highlights medical/surgical emergency conditions that demonstrate race-based differences in socioeconomics, physiology, and health care access.

Epidemiology of Type 2 Diabetes: Focus on Ethnic Minorities

Leonard E. Egede and Samuel Dagogo-Jack

African Americans and other ethnic minority groups suffer disproportionately from type 2 diabetes and its complications than do white Americans. Genetic and environmental factors contribute to the ethnic disparities in diabetes and its complications. The key elements of a comprehensive diabetes management strategy include monitoring, education, dietary modification, exercise, and medications. The progressive nature of diabetes requires the use of more than one agent. Drug combinations should be selected for their therapeutic firepower and complementary mechanisms of action, and exogenous insulin need not be delayed unnecessarily if oral agents are ineffective.

Issues in Minority Health: Atherosclerosis and Coronary Heart Disease in African Americans

Luther T. Clark

African Americans have the highest coronary heart disease (CHD) mortality rate of any ethnic group in the United States. Contributing factors include a high prevalence of coronary risk factors, patient delays in seeking medical care, and disparities in health care. Patients at high risk should be targeted for intensive risk reduction measures, early recognition/diagnosis of ischemic syndromes, and appropriate referral for coronary interventions and cardiac surgical procedures. Although the clinical spectrum of CHD is the same as in whites, African Americans have a higher risk of sudden cardiac death and present more often with unstable angina and non-ST-segment elevation myocardial infarction. This review examines the extent of CHD in African Americans, biologic factors contributing to excess risk, and opportunities for developing more effective prevention and treatment strategies.
Health Disparities in Transplantation: Focus on the Complexity and Challenge of Renal Transplantation in African Americans

Carlton J. Young and Clifton Kew

The field of renal transplantation has grown exponentially as a result of a greater understanding of the immune system and the advent of numerous immunosuppressive agents. Although African Americans and whites have benefited from these advances, equivalent long-term success eludes African Americans who are disadvantaged in gaining access to renal transplantation. This review summarizes the obstacles for African Americans to end-stage renal disease (ESRD) care, focusing on transplantation. Factors that predispose African Americans for ESRD, impede this ethnic group from timely transplantation, and negatively influence graft survival are examined. Possible solutions to these persistent problems are offered.

Is There Disparity in the Care of Minority Patients with Upper Aerodigestive Tract Malignancy?

Cheryl L. Walker, Pablo Mojica-Manosa, Wesley L. Hicks, Jr, Wade Douglas, Billy R. Ballard, Nestor R. Rigual, and Sharon Spencer

The data presently available indicate that there is unequal (disparate) care in patients with head and neck cancer. The reasons for this are likely multifactorial and require further study. Complicating such work is the need for subgroup analysis. Appropriate epidemiologic studies are needed with more underserved minority patients to analyze further these differences and to address such differences.

Prognostic Impact of Race and Ethnicity in the Treatment of Colorectal Cancer

Edith P. Mitchell

Multiple studies have demonstrated that black patients have a less favorable prognosis and suffer higher death rates from colorectal cancer than whites. After more than 40 years of 5-fluorouracil (5-FU)-based therapy, the introduction of new agents such as irinotecan, oxaliplatin, and capecitabine in the past decade has revolutionized the treatment of colorectal cancer. Although 5-FU remains an important part of most regimens, irinotecan and oxaliplatin are now essential components of front-line therapy. The development of new agents such as bevacizumab, cetuximab, and other molecularly-targeted agents currently under investigation suggest that significant progress in colorectal cancer management will continue. Clinical trials should include a wide variety of patients, and patients in populations for whom disparities indicate higher death rates should avail themselves of new research developments.

Erratum

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