

Diabetes afflicting more in US Asian population

By Kathleen Burge, Globe Staff

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At the Joslin Diabetes Center, the Vietnamese nun is half the size of many men and women who walk the halls. Mary Phuc Nguyen is 5 feet tall, little more than 100 pounds, a wisp among the burly bodies. But she comes seeking help for the same disease that often afflicts those of greater girth.

She injects herself with insulin twice a day to help her body use sugar from food. She has learned to shun the excesses -- especially her personal weakness, chocolate -- of her adopted country. And she has relinquished a high-carbohydrate food that was once the center of her diet.

"I try to avoid rice," said Nguyen, 55. "When I eat rice, I feel like my blood sugar goes up."

Nguyen, like many other Asians, defies the typical profile of a diabetic. She is thin and doesn't indulge in the high-carbohydrate junk food of America that has helped spawn an obesity epidemic. She is not black or Latino, groups known for their burgeoning numbers of diabetics. But doctors are seeing more and more patients like Sister Mary.

Although the number of Asian diabetics is relatively small, some doctors believe the disease is increasing more rapidly among Asians than among other racial and ethnic populations. Statistics are scarce, but William Hsu, co-director of Joslin's Asian American Diabetes Initiative, estimates that at least 10 percent of adult Asians are diabetic. That's compared with 7 percent of the total population estimated to have either type of diabetes, according to the Centers for Disease Control and Prevention.

But doctors accustomed to measuring weight as a risk factor for Type 2 diabetes, the most common form of the disease, are sometimes confounded by Asian patients, whose genetic heritage may predispose them to diabetes, even more so than other high-risk groups like blacks and Latinos.

"Pound for pound, Asians are twice as insulin-resistant as other ethnic groups," said Patrick Egan, medical director at Dorchester House Multi-Service Center. "I have lots and lots of skinny Vietnamese patients who have some insulin resistance."

Officials at the health center near Fields Corner hope soon to begin offering classes in Vietnamese to help diabetics learn how to manage the disease, which prevents their bodies from properly using insulin, causing sugar to build up in the blood. This year, the center began offering English diabetes classes, which include exercise and nutritional sessions, as part of a \$5 million grant awarded recently to Dorchester House and four

other community health centers. But nearly a third of the center's patients are Vietnamese, and many understand little English.

Treatment is difficult for other reasons, too. Asians are not united by a single language, making obtaining fluent healthcare providers even more challenging. And doctors who treat Asian diabetics often run into cultural differences.

"I think the shame factor is very big," said Hsu. "A lot of my patients don't even tell their families about it. There is a strong stigma about this. They don't check their glucose at work. It's viewed as a weakness."

In many traditional Asian households, Hsu said, it is the role of the daughter-in-law to cook -- but if she doesn't know that she is preparing food for a diabetic, she cannot adjust her meals accordingly. Many such patients also dislike confrontation, Hsu said, and will tell doctors that their blood sugar is fine, even if it is too high.

Joslin launched its Asian program about six years ago, after two local Asian students were diagnosed with diabetes, bewildering their families. Doctors at the clinic know that the traditional indicators of the disease -- excess weight and obesity -- do not apply to many Asians.

"When was the last time you saw a 250-pound Asian with a 40-inch waist?" Hsu says.

Asians tend to suffer many of the problems of obesity without needing to gain as much weight as people of other ethnic groups. When Asians gain weight, they often store fat mainly in the abdomen, which doctors believe causes more health problems than fat spread throughout the body.

"I think they're just genetically different," said Edward Mun, a bariatric surgeon at Brigham and Women's and Faulkner hospitals. "They cannot be physically very large because that's how they evolved."

Although diabetes can generally only be managed, not cured, Mun treats diabetic, obese patients who undergo gastric bypass surgery and no longer need to take insulin to regulate their blood sugar.

Carol Chin, a patient of Hsu's who owns seven McDonald's franchises, often sees diabetics come into her Chinatown restaurant walking with canes. Her own motivation for controlling her disease is personal: Her grandfather went blind from diabetes. She remembers visiting him in Venezuela when she was a teenager, and seeing his knees bloody, scraped raw when he fell during a nighttime trip to the bathroom.

"I remember him sitting on his bed telling me all that," said Chin, who lives in Newton. "I was just sobbing."

Chin has learned that even food that seems healthy is often swimming in fat. She orders chicken or fish dishes in restaurants, and always asks for the sauce on the side.

"My friends say to me, 'You eat Chinese food. How can that be fattening?' " she said. "I go to a tea house in Boston. It's all carbohydrates, loaded with fat."

Like other immigrants, Asians who arrive in America often begin eating more and getting less exercise than they did in their native countries. In the first year after she arrived in America from a Thai refugee camp in 1980, Nguyen gained 20 pounds, undone by the constant offerings of chocolate from her new friends. Soon she began to feel ill, and the weight began to fall away. After visits to many doctors, she was diagnosed as diabetic.

Now Vietnamese friends who are diabetic often return home for treatment by doctors who prescribe herbs rather than medicine. Many say they have been cured, but Nguyen is skeptical.

Huong Ly, who lives in Dorchester, was diagnosed with diabetes two years ago. She gained weight after her two children were born, and has labored under good intentions to eat better. It does not come easily. In Vietnam, vegetables were very inexpensive. But here, she has noticed, meat is cheaper than many vegetables.

Diabetes was no surprise to Ly, 52. Her mother suffered through the disease, and her 9-year-old son was recently diagnosed. He is overweight, she says, from eating too much Chinese food. Now Ly spends Tuesday mornings at Dorchester House's class on diabetes management. She struggles to follow the suggestions of the nutritionist.

"Right now I eat brown rice," she said, noting she likes the taste of white rice better. "And the brown rice is more expensive than the white rice. Sometimes I don't have enough to buy the brown."

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