Asian Health Review™

Making Education Easy

Issue 3 – 2013

In this issue:

Welcome to the third edition of Asian Health Research Review.

The population of Asian ethnic groups in New Zealand has increased considerably over recent decades. Their health issues, sources of resilience and diverse experiences are relevant to the communities involved as well as service providers and wider society. Asian Health Research Review is a unique New Zealand publication bringing you the latest research on the health and wellbeing of Asians in New Zealand together with local commentary.

It is my pleasure to introduce Associate Professor Elsie Ho as a guest editor for this issue of the Asian Health Research Review. We hope you find the studies included in this issue which cover a wide range of topics - mental health, addictions, allergies and nutrition, palliative care, screening and health workforce issues - interesting and useful in your current practice. We look forward to receiving any feedback you may have.

Kind Regards,

Professor Shanthi Ameratunga

shanthiameratunga@researchreview.co.nz

Family involvement in Chinese immigrants with bipolar disorder in New Zealand

Authors: Wang GY and Henning M

Summary: This study involving nine Chinese individuals (4 men and 5 women; average age 41 years) with bipolar disorder, explored the dynamic relationship between these participants and their family members (who had been their caregivers) in NZ. Semi-structured interview guidelines were employed to ensure the elicitation of responses related to the issues of wellness, family and friends. Four follow-up interviews (face-to-face or via telephone) were undertaken in order to verify the accuracy of the general themes emerging from the initial interviews and the following four main themes were summarised: (1) Family members are the primary resource; (2) Many facets of recovery from bipolar disorder are integrally linked with caregiving; (3) Quality of family relationships is associated with acceptance of the illness; (4) Perception of caregiver burden motivates self-care. Participants reported that they only felt safe to disclose their illness to family members and relatives, and that without those individuals they could not experience `a good recovery'. The authors concluded that there is a need for professional involvement when working with these families and a need to minimise of the risk of adverse family functioning associated with bipolar disorder.

Comment: (Elsie) There has been little research into the experience of Chinese immigrants with bipolar disorder and how they cope with their mental illness in NZ. This study has identified the important role played by family in terms of providing care, support and hope that can contribute to recovery. The findings have implications for health practitioners. Given the significance of family support, it is important to provide information to improve family members' understanding of mental health issues and services, and to help counter traditionally held feelings of shame and guilt about mental illness in the family. There is also a need to build support networks appropriate to the cultural needs of Chinese immigrants not having family support in NZ.

Reference: N Z Med J. 2012;126(1368):45-52

http://journal.nzma.org.nz/journal/abstract.php?id=5506

Asian Health Review

Independent commentary by Professor Shanthi Ameratunga.

Professor Shanthi Ameratunga has a personal chair in Epidemiology at the University of Auckland. A paediatrician and public health physician by training, Shanthi's research focuses on trauma outcomes, injury prevention, disability and youth health. She is the Project Director of the Traffic Related Injury in the Pacific (TRIP) Study, a collaboration with the Fiji School of Medicine, funded by The Wellcome Trust and the Health Research Council of New Zealand.

Research Review publications are intended for New Zealand health professionals.

Why people gamble: A qualitative study of four New Zealand ethnic groups

Authors: Tse S et al

Summary: This qualitative, ethnic-based, cross-sectional NZ study examined how cultural, environmental and social factors interact with personal attributes to determine gambling behaviours. A total of 131 individuals, including social and problem gamblers, families of problem gamblers and professionals, who represented the four main ethnic groups living in NZ (Māori [n = 30], Pacific peoples [n = 58], Chinese [n = 27] and NZ Europeans [n = 16]) were interviewed individually and in focus groups. Individuals were asked questions about their gambling behaviour, what meaning gambling had to them, why they started gambling and their gambling experiences. The link between sociocultural background and level of participation in gambling based on different structural factors and between ethnic groups was explored in the focus groups. The following five main themes were extracted relating to the reasons why people gamble; economic reasons, personal reasons, recruitment (or retention) reasons, environmental reasons and social reasons. Māori and Pacific Island individuals often reported that they gambled for money to meet their everyday needs, while Pacific Islanders also reported gambling to obtain money for church and due to pressures from the congregation to participate in activities such as bingo for fundraising. Furthermore, it appears that gambling is becoming a part of Māori social activities and community, with gambling activities being located in marae. NZ Europeans reported that they gambled for stress relief, due to poverty and because gambling was addictive and exciting. Chinese individuals often saw gambling as a chance to obtain a big return from a small investment and believed that winning money would allow them to regain status.

Comment: (Elsie) Other than the ethnicity-related differences in gambling experiences, the study also found that wider environmental factors, such as gambling advertising targeting specific ethnic or community groups, and the easy accessibility to gambling venues, have great impacts on people's gambling behaviour. This means in order to address gambling issues in the community, efforts should not only focus on interventions targeting individuals and families needing help with problem gambling, but should include a public health approach involving health promotion through community education.

Reference: Int J Ment Health Addict. 2012;10(6):849-61

http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3519978/

What are the priorities for developing culturally appropriate palliative and end-of-life care for older people? The views of healthcare staff working in New Zealand

Authors: Bellamy G and Gott M

Summary: As part of a larger study looking at palliative care management in NZ in 2010, 80 staff working in hospice/specialist palliative care teams (n = 26) and generalist palliative care settings, including GP surgeries, hospital-based teams and residential aged care facilities (n = 54) were interviewed on their views and experiences regarding the provision of palliative and end-of-life care for Māori, Pacific Island and Asian populations (in particular Chinese elders). Participants took part in two joint interviews and 10 focus groups during which they expressed that they viewed family involvement as fundamental to the provision of palliative care in these populations. Participants indicated the importance of enabling and supporting Māori and Pacific Islander family members to provide 'hands-on' care and for Chinese family to be involved in decision-making, which was fundamental to the delivery of, and satisfaction with, care for older Chinese family members. A fundamental aspect of palliative care provision was the need to be cognisant of individual preferences both within and across cultures.

Comment: (Elsie) Values and beliefs associated with death, dying and end-of-life care can be different across different cultures. It is therefore important for healthcare practitioners to increase cultural awareness, knowledge and skills when working with patients and their families from 'other' cultures and to provide culturally appropriate palliative care services. This paper highlights the role and views of family as fundamental to the provision of palliative care for older Chinese. The study also found that some Chinese families prefer that health practitioners discuss end-of-life issues with the family rather than with the patient. While these often are family attempts to "protect" the patient from knowledge of a poor prognosis, it was perceived as a particular challenge for some participants in this study. This is an area that warrants further investigation with a view to improving cross-cultural understanding and communication between health professionals, patients and family.

(Shanthi) When checking out articles for this Research Review series, I often find myself walking something of a tight rope. On the one hand, many arguments prompt consideration of the "cultural milieu" of Asian peoples while others challenge the potential to paint people into boxes – a convenient short-cut that serves no one. This study speaks to the importance of engaging with and learning from the expectations of the individuals involved and their families ahead of presumed cultural norms. Acknowledging diversity and difference would appear to be at the heart of the lesson here.

Reference: Health Soc Care Community 2013;21(1):26-34

http://tinyurl.com/amgn2m8

Independent commentary by Professor Elsie Ho.

Associate Professor Elsie Ho is Director of Population Mental Health and Director of the Centre for Asian and Ethnic Minority Health Research at the School of Population Health, the University of Auckland. Her major research interests are in the areas of migration, diversity and Asian health and wellbeing. She has a firm commitment to developing inclusive societies that value diversity and optimise human potential and resources.

Insulin resistance and truncal obesity as important determinants of the greater incidence of diabetes in Indian Asians and African Caribbeans compared with Europeans: The Southall And Brent REvisited (SABRE) cohort

Authors: Tillin T et al

Summary: The extent of, and reasons for, ethnic differences in type 2 diabetes incidence in the UK were investigated in this population-based non-diabetic tri-ethnic cohort of 1345 Europeans, 839 Indian Asians and 335 African Caribbeans (the latter two groups being first-generation migrants). Individuals were aged 40-69 years at baseline (1989-1991) and were followed for 20 years, during which time 196 (14%) Europeans, 282 (34%) Indian Asians and 100 (30%) African Caribbeans were diagnosed with incident diabetes. Compared with Europeans, the age-adjusted subhazard ratio (SHR) for Indian Asian women was 1.91 (95% CI 1.18-3.10; $p = 0.008$) and for men was 2.88 (95% CI 2.36-3.53; $p < 0.001$). The SHR for African Caribbean women and men were 2.51 (95% CI 1.63-3.87; $p < 0.001$) and 2.23 (95% CI 1.64-3.03; $p < 0.001$), respectively. The ethnic minority excess in women was largely attenuated by differences in baseline insulin resistance and truncal obesity (adjusted SHRs: Indian Asians 0.77 [95% CI 0.49-1.42]; $p = 0.3$; African Caribbeans 1.48 [95% CI 0.89-2.45]; $p = 0.13$), but not in men (adjusted SHRs: Indian Asians 1.98 [95% CI 1.52-2.58]; $p < 0.001$ and African Caribbeans 2.05 [95% CI 1.46-2.89; $p < 0.001$]). The findings suggest that insulin resistance and truncal obesity account for the two-fold excess incidence of diabetes seen in Indian Asian and African Caribbean women. Reasons for the excess diabetes risk in ethnic minority men remain unclear.

Comment: (Shanthi) The higher incidence of diabetes in South Asian communities is hardly new news. But several features make this study from London – one of very few longitudinal studies that have compared first generation migrants from the Indian subcontinent with a European sample – interesting. The authors found that much of the excess risk of diabetes among the Indian women could be explained by increased levels of insulin resistance and truncal obesity. However, these factors did not seem to explain the excess risk of diabetes among men, despite comprehensive efforts to obtain detailed serological and body measurements. With the increasing burden of diabetes and its consequences for South Asian communities, there is an urgent need to understand the root causes in the development of this disease, including the influence of environmental factors in the pathway.

Reference: Diabetes care 2013;36(2):383-93
http://care.diabetesjournals.org/content/36/2/383.abstract

Rice-eating pattern and the risk of metabolic syndrome especially waist circumference in Korean Genome and Epidemiology Study (KoGES)

Authors: Ahn Y et al

Summary: The risk of metabolic risk traits in various rice-eating patterns in a carbohydrate-based diet was investigated in this Korean study involving 21,165 subjects enrolled in the Korean Genome and Epidemiology Study between 2004 and 2006. Four main dietary groups were identified; white rice (n = 6136), rice with beans (n = 2589), rice with multi-grains (n = 12,440) and eating mixed rice (n = 4841). Among men, central obesity was slightly elevated in the mixed rice group (OR 1.18; 95% CI 1.02-1.36), while in women the risk for central obesity and abnormal fasting glucose were lower in the rice with beans group, and central obesity in rice with multi-grains group (adjusted OR = 0.91), compared with the white rice group. Postmenopausal women in the rice with beans group exhibited ORs for central obesity and abnormal fasting glucose of 0.78 and 0.75, respectively, while those in the rice with multi-grains group exhibited ORs for central obesity, abnormal HDL-cholesterol and metabolic syndrome of 0.83, 0.87 and 0.85, respectively; these were lower than the corresponding ORs in the white rice group. The risk of central obesity in premenopausal women was reduced in the rice with beans group (OR = 0.77).

Comment: (Shanthi) Have you wondered about that phrase 'We are what we eat' while tucking into something that's made you feel just a tad guilty? Well I have, although this has not restricted my enjoyment of a generous plate of rice 'n curry! That said, increasing concerns regarding the burden of diabetes and heart disease have also drawn greater research attention to the type, quality and quantity of carbohydrates in our diet. As a high proportion of Asian people eat rice as their main source of carbohydrates, this article from Korea caught my eye. There is clearly a lot more to the complex field of complex carbohydrates, but this study supports the general wisdom and nutritional advice about the health benefits of including beans and mixed grains to predominantly rice-based diets.

Reference: BMC Public Health 2013;13(1):61
http://www.biomedcentral.com/content/pdf/1471-2458-13-61.pdf

How prevalent is vitamin B_{12} deficiency among vegetarians?

Authors: Pawlak R et al

Summary: This US literature review assessed the rate of B_{12} depletion and deficiency among vegetarians and vegans. Eighteen relevant articles were identified via a PubMed search, all of which had identified such deficiency via measuring methylmalonic acid, holtranscobalamin II, or both. B_{12} deficiency rates were 25-86% among children, 62% among pregnant women, 21-41% among adolescents and 11-90% and among the elderly. Overall, vegan individuals exhibited higher B_{12} deficiency rates than vegetarians and those who had been vegetarian since birth exhibited higher deficiency rates than those who had started such a diet later in life. B_{12} deficiency appears to occur in vegetarians and vegans irrespective of demographic characteristics, place of residency or age.

Comment: (Shanthi) There are many health benefits attributed to vegetarian diets – and many reasons other than health issues that prompt people to adopt vegetarianism as a lifestyle. Not discounting these reasons, the findings from this review of 18 original articles suggest that B_{12} deficiency is common in people adhering to all types of vegetarian diets. This is not an issue largely confined to strict vegans as once thought. One of the contributing studies was from NZ, focusing on Indian children on lacto-ovo-vegetarian diets. While many people with biochemical evidence of B_{12} deficiency may be asymptomatic, the health risks (some of which are irreversible) are considerable. This is an issue requiring greater awareness with active efforts to ensure adequate intake with supplementation where relevant.

Reference: Nutr Rev. 2013;71(2):110-7
http://tinyurl.com/d3aw3ff

Allergies in Asia: are we facing an allergy epidemic?

Authors: Thalayasingam M and Lee BW

Summary: This editorial discusses global trends in allergic diseases, which have increased in tandem with growing affluence and westernisation. Findings from the International Study of Asthma and Allergies in Childhood (ISAAC) suggest that childhood asthma prevalence in Asia is likely to have stabilised, and would likely not reach the proportions seen in the Western world. Moreover, geographical differences in childhood asthma prevalence appear to be more related to environment than to genetics, with migration studies showing that Asians born in Australia assume the rates of asthma seen in the local population. It has been speculated that environmental influences in Asia are less conducive for the development of allergic diseases in general, although some peculiarities exist, such as the predominance of shellfish allergy.

Comment: (Shanthi) Allergies and the factors that influence these conditions are attracting long overdue research interest, but most studies to date have focused on high-income western countries. This editorial alludes to some interesting insights from the findings of the ISAAC project – a large initiative using a standardised approach to data collection implemented in 306 research sites in 105 countries. This project and other research studies raise more questions than provide answers about what may be influencing emerging trends in allergy among Asian people. Fascinatingly, it is quite possible that careful research – at molecular, biomedical, clinical and population levels – focusing on Asian people living in Asian *and* non-Asian countries could provide invaluable insights regarding the natural history and development of allergies, globally.

Reference: Asia Pac Allergy 2013;3(1):1-2

http://apallergy.org/Synapse/Data/PDFData/9996APA/apa-3-1.pdf

Maternal obesity and postpartum haemorrhage after vaginal and caesarean delivery among nulliparous women at term: a retrospective cohort study

Authors: Fyfe EM et al

Summary: To determine whether overweight and obesity are independent risk factors for major postpartum haemorrhage (PPH ≥1000mL) after vaginal and caesarean section delivery of term nulliparous singleton pregnancies, 11,363 such deliveries at National Women's Hospital, Auckland, NZ from 2006 to 2009 were reviewed. 63.7% of the women had a normal BMI, 23.2% were overweight and 13.1% were obese. Compared with normal-weight women, overweight and obese women exhibited a significantly ($p < 0.001$) increased rate of PPH (7.2% vs 9.7% and 15.6%, respectively), with a two-fold increased risk of PPH evident in obese women (adjusted odds ratio [aOR] 1.86 [95% CI 1.51-2.28]). Furthermore, obesity was a risk factor for major PPH following both caesarean and vaginal delivery; aORs 1.73 (95% CI 1.32-2.28) and 2.11 (1.54-2.89), respectively; the latter risk was similar after exclusion of women with retained placenta and major perineal trauma. Asian and Pacific Island ethnicity was also consistently associated with risk of major PPH; aORs 1.61 (95% CI 1.34-1.94) and 1.60 (1.25-2.06), respectively.

Comment: (Shanthi) This carefully conducted study using a large hospital-based dataset in NZ provides several insights regarding factors predicting a significant postpartum haemorrhage. The reason for its inclusion in this review relates to the finding that even after adjusting for other factors (including maternal obesity), 'Asian' ethnicity was a significant risk factor for postpartum haemorrhage following vaginal and caesarean deliveries – a finding the authors note is similar to research conducted elsewhere. It is not clear which Asian ethnic groups were considered to be at particular risk in the present study (the category 'Indian' appeared to have been analysed as a group outside the 'Asian' category), but the issue clearly warrants further investigation.

Reference: BMC Pregnancy Childbirth 2012;12:112

http://www.biomedcentral.com/content/pdf/1471-2393-12-112.pdf

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Cervical cancer screening in Middle Eastern and Asian migrants to Australia: A record linkage study

Authors: Aminisani N et al

Summary: This Australian linkage study was undertaken in order to assess cervical screening behavior in Middle Eastern and Asian migrants. Screening register records from year 2000 for 12,541 Middle Eastern or Asian-born women (aged 20-54 years) and those of 12,143 age- and area-matched Australian-born women were assessed for screening behaviour. After adjustment for age, parity, socioeconomic status and smoking, the OR for being screened at least once within 3 years was 0.88 (95% CI 0.81-0.97) for women of Middle Eastern origin and 0.74 (95% CI 0.70-0.79) for those of Asian origin, indicating that Asian and Middle Eastern migrant women are less likely to undertake cervical screening at the recommended intervals.

Comment: (Shanthi) The lack of systematic recording of country of birth data in most routine health databases in NZ is a significant barrier to understanding inequities in health and health care experienced by migrant peoples. This Australian study used a careful record linkage method to overcome this barrier and demonstrated that women of reproductive age who were born in Asian countries were 26% less likely to have been screened for cervical cancer than women born in Australia. The study also found some intriguing differences within these groups. While Australian-born women were more likely to be screened if they were of higher socio-economic status, the lower rates of screening among migrant women were apparent in low and high socio-economic groups. It seems obvious that the issues are more complex, but they cannot be ignored. Attention to this aspect of screening programs in NZ is long overdue. There is a very real risk that the default stance would otherwise be "no data, no problem".

Reference: Cancer Epidemiol. 2012;36(6):e394-400

http://www.sciencedirect.com/science/article/pii/S187778211200118X

'Being young': a qualitative study of younger nurses' experiences in the workplace

Authors: Clendon J and Walker L

Summary: These researchers explored experiences of younger nurses (<30 years of age) in the NZ workforce, with a view to developing age-appropriate retention strategies. Five themes were identified; challenges of nursing, rewards of nursing, being young, coping and addressing generational differences. Added challenges were reported for young Asian nurses. Project work and professional development (with sufficient paid time allocated) was considered to be potentially beneficial. It was determined that managers and nurse leaders need to address broader workforce issues and improve support for younger nurses.

Comment: (Shanthi) When considering health issues for any population, it would be foolish to ignore the perspectives and wellbeing of those providing services. This study was designed to understand the issues that affect the recruitment and retention of young nurses. Based on two focus groups involving a total of 15 nurses, the authors identified several issues (summarised above) including a particular aspect expressed by some participants who were Asian. As summarised by the authors, these nurses commented on difficulties reconciling "cultural" expectations of unquestioningly accepting directions from older Asian staff and patients with their ability to 'provide a standard of nursing care that may require them to question their elders'. As the authors note, the study findings cannot be generalised to all young nurses in the workforce, given the size and scope of the study. But raising awareness of the diverse challenges that Asian nurses face in the New Zealand health care system is a step in the right direction.

Reference: Int Nurs Rev. 2012;59(4):555-61

http://onlinelibrary.wiley.com/doi/10.1111/j.1466-7657.2012.01005.x/abstract