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higher in those of African descent. It is not clear whether ethnic variations in BP in children of ethnic minority populations reflect those of the adult populations in the UK. Objective: to assess whether variations in blood pressure (BP) in children (≤16 of age) of UK ethnic minority populations correspond to those seen in adults.

Methods. A systematic literature review was carried out using Medline 1966–2003 and Embase 1980–2003, supplemented by correspondence with expert informants, and citations from references.

Results. Five studies were identified. There were important differences between studies in terms of age and sex of samples, definition of ethnic minority children and methods of evaluating BP. Three studies of children of African descent reported lower mean SBP in boys from African descent compared to white boys, the differences being significant only in one study. In African descent girls, mean SBP was significantly lower in one study while DBP was significantly higher in one study. Four studies included children of South Asian origin. The Health Survey for England ‘99 reported on South Asian groups separately. Pakistani boys had a significantly higher age and height standardised mean SBP than the general population. Mean DBP was significantly higher in Indian and Pakistani boys than the general population. Pakistani and Bangladeshi girls had a significantly higher mean DBP than the general population. The other three studies, which combined South Asian subgroups’ found no significant differences in mean BP between South Asians and whites. One study included children of Chinese descent and reported significantly higher mean DBP in Chinese boys and girls compared to the general population.

Conclusion. Overall, BP across ethnic groups was similar. These similarities in BP patterns particularly in African, Bangladeshi and Pakistani descent children contrasts with those in the corresponding adult populations in the UK where BP is comparatively high in those of African descent and competently low in those of Bangladeshi and Pakistani descent.

Quality of Care

What South Asian patients want from Scottish diabetes services: a qualitative study

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Introduction. Type 2 diabetes mellitus (T2DM) is a major health problem amongst South Asians resident in the UK. South Asians are 4–6 times more likely to develop the disease than their white counterparts. Mortality directly associated with the disease is also significantly higher. This problem has been partly attributed to a lack of appropriately targeted, culturally sensitive services, alongside poor utilisation of those services currently available. South Asian patients are rarely consulted about the healthcare they receive. This study provides a South Asian perspective on diabetes services in the UK to inform future service delivery for South Asian patients.

Methods. Single, in-depth interviews (in Urdu, Punjabi, or English) were conducted with 30 Indian and Pakistani patients who have T2DM. Patients were recruited from general practices and community groups in Lothian, Scotland. Interviews explored patients' experiences of, and preferences for, diabetes services and the impact of services on: their disease perceptions; and, their reported commitment to follow diabetic regimens.

Results. Many patients perceived themselves as a ‘burden’ to junior family members upon whom they were dependent to take them to appointments and to act as their translators. These patients wanted better access to health professionals who spoke Urdu/Punjabi. Many patients regarded traditional foods/staples (e.g., roti) as being essential for maintaining bodily strength; hence they were often reluctant to make changes to their diets. Patients indicated a need for more ‘culturally sensitive’ (dietary) advice, and for information to be delivered in visual as well as verbal/written ways.

Conclusions. British South Asian culture is in a state of flux. Second and third generation South Asians are becoming more ‘Westernised’ and are less willing/able to take on caring roles. At the same time, migration of non-English speakers remains commonplace. The training of community members to provide culturally sensitive advice about diabetes care is recommended.