Seattle Nikkei Health Study: Cross Cultural Surveys between Seattle and Japan Tsukasa Namekata, Ph.D., Dr.H.Sc. (Pacific Rim Disease Prevention Center & University of Washington, Seattle, U.S.A.) Suzuki Kenji (Japan Health Promotion Foundation, Tokyo, Japan) Chikao Arai, M.D. (Japan Health Promotion Foundation, Tokyo, Japan) Chikio Hayashi, D.Sc. (National Institute of Statistical Mathematics, Tokyo, Japan) Presented at the International Meeting of the Psychometric Society, IMPS2007 in Tokyo, Japan on July 9-13, 2007.

Background of the Study

Effects of environmental changes on cardiovascular health can be examined by comparing factors between the same race who live in different environment conditions. Thus, Japanese Americans are ideal subjects to be compared with native Japanese, because both have the same genetic background but live in drastically different environment. We hope that our study outcome can contribute to further understanding of disease etiology and cardiovascular disease prevention.



Compare the following indicators between Japanese Americans and native Japanese:

Lipids and lipoproteins

Aortic pulse wave velocity (PWV)

Coronary heart disease (CHD)

Retinal artery changes

7/11/2007

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Study Sample

Seattle Japanese Americans

Base population: 12,507 Age 30 - 79 Native Japanese in Japan Base population: 28,745 Age 30 – 79 (screening participants) For cholesterol analysis

Screening participants: 1,389 (11%) For all analyses

4,134 randomly selected For all other analyses

Nutrition survey participants: 830

Nutrition survey participants: 1841

IMPS2007: Cross Cultural Survey

Comparison of household income distribution between King County census population and study participants of Japanese Americans



Methods

- Clinical examinations: Lipid profiles, glucose, blood pressure, PWV, ECG, retinal photos, lung function test
- Self-administered questionnaire survey (disease) history, lifestyle, diet, etc.)
- Criteria for definite CHD
 - Abnormal Q or QS pattern by Minnesota codes
 - And/or self-reported history of angina pectoris and/or myocardial infarction

Statistical analyses: descriptive statistics, multiple regression analysis, multiple logistic regression analysis 7/11/2007

Comparison of age-adjusted average cholesterol levels between Japanese Americans and native Japanese



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Selected Characteristics of Study Samples: Males

Selected Characteristics	Japn- Amer	Native- Japan
Mean		
BMI	25.7**	23.8
Daily alcohol consump(g)	5.8**	27.3
Percent		
Current smokers	15.4%**	46.0%
* p<0.05 **p<0.01 7/11/2007 IMPS2007: Cross 0	Cultural Survey	8

肉眼的内膜病理所見と生前大動脈 脈波速度の関係 ^{PWV-anatomy}

女性 22歳 PWV:6.4m/sec 病理所見:硬化所見なし



男性 56歳 PWV:8.3m/sec 病理所見:アテロームが20~30%を 占めています。







男性 62歳 PWV: 14.3m/sec 病理所見:内膜全域に硬化所見を認 めています。



- 、 古お上帝国帝朝時亡生理機能営 国第上内科・文部省統計数理研究所:糖尿病と動脈硬化,糖尿病学の進歩,17:81~97、1983.

Age-adjusted prevalence of abnormally high PWV among Japanese Americans and native Japanese



IMPS2007: Cross Cultural Survey

Age-adjusted prevalence of coronary heart disease among Japanese American men and women and native Japanese men



Age-adjusted prevalence of abnormal changes in retinal artery among Japanese American men and women and native Japanese men



Comparison of vegetable consumption between Japanese Americans and native Japanese

How often do you eat vegetable?

Japn-Amer Native-Japn



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Adjusted odds ratios for presence of abnormally high PWV Among Japanese Americans and native Japanese

Variables	Reference	Japn-Amer	Native Japn
	(OR=1.00)		
BMI	<27	1.08	1.34**
Hypertension	No	2.01***	2.76***
TC/HDL-ratio	<4.5	1.61***	1.28**
Diabetes	No	3.66***	2.43***
Current drinkers	No	0.45***	0.85 (p<.06)
Ex-drinkers	No	0.47***	1.07
Current smokers	No	1.47***	1.02
Ex-smokers	No	1.65**	1.05

Discussion and Conclusion

The result of PWV analysis implied that atherosclerosis among Japanese Americans advances much earlier for their age than among native Japanese, leading to higher risk for developing CHD among Japanese Americans.

♦It is considered that one of the factors to have higher prevalence of abnormally high PWV values and CHD among Japanese Americans is due to much less consumption of vegetables among Japanese Americans than among native Japanese.

♦ As our results shows, Japanese are not superior to other races in terms of their health. As Japanese lifestyle and diet is westernized, an increase in incidence of diabetes and CHD may be predicted in the future. We've been greatly appreciated to late Prof. Chikio Hayashi for his invaluable advice and contribution and to late Miss Mizuki Takahashi for conducting cardiovascular screening in Seattle, U.S.A.

