January 2004 Newsletter

News from the
Black Women’s Health Study

WORKING TOGETHER TO IMPROVE
THE HEALTH OF BLACK WOMEN
2003 HEALTH SURVEY—
IT’S THAT TIME AGAIN

Many thanks to the more than 36,000 BWHS participants who have filled out their 2003 health surveys so far. Filling out the survey on-line has become increasingly popular. In 2001 about 1,000 participants selected that option. In 2003, more than 4,000 have gone on-line. Whether you choose to use paper and pen or go on-line, it’s easy—just 5 or 10 minutes of your time.

If you have not received your 2003 survey, please give us a call at 1-800-786-0814 or 617-734-6006 and we’ll send you one. You can also e-mail us at bwhs@slone.bu.edu. Whether you call or e-mail, please include your address in addition to your name because we might have the wrong address for you.

To fill out the questionnaire on-line, log on to www.bu.edu/bwhs/

For updates and information on publications from the BWHS, visit our website at www.bu.edu/bwhs/
You can also complete your health questionnaire on-line.

Honors for BWHS Investigator and Advisory Board

Lucile Adams-Campbell, BWHS co-principal investigator, was awarded the 2003 Living Hope Award by the Greater Mount Nebo A.M.E. Church in Maryland for her service to the community.

Rosemary Graham, Advisory Board member, was awarded the Awareness Distinguished Service Award from the Georgia chapter of the Lupus Foundation.

Shiriki Kumanyika, Advisory Board member and consultant to the BWHS on diet, was elected to the Institute of Medicine. The Institute of Medicine’s mission is to serve as advisor to the nation to improve health.
Most of us know someone with diabetes, often referred to as “sugar” or “sugar diabetes.” In fact, many of us live with this disease. Unfortunately, diabetes is becoming more and more common, especially in the black community, and especially among women. Diabetes is occurring at younger ages than before. Even children are showing the first signs of the disease.

The most common type of diabetes is usually referred to as “adult-onset” diabetes or “type 2” diabetes. In type 2 diabetes, the body does not produce enough insulin or becomes resistant to insulin, leading to levels of blood sugar that are too high. High blood sugar can have very serious health effects, including heart attacks, strokes, eye damage, kidney damage, amputations, and death. The other main type of diabetes, referred to as “juvenile” or “type 1” diabetes is much less common and begins in childhood when the body suddenly stops producing insulin.

Type 2 or adult-onset diabetes has become a major health problem in recent years. Among black adults, one in five of those aged 40-74 has already been diagnosed with diabetes. Until recently, this disease rarely affected people before middle age, but now more and more younger people and children are being affected. Symptoms of type 2 diabetes include excessive thirst and hunger, frequent urination, blurred vision, fatigue, and rapid weight loss without dieting, but often the disease is found through routine measurements of blood sugar or glucose tolerance.

Treatment for Diabetes

Sometimes type 2 diabetes can be successfully controlled by diet, weight loss, and physical activity. Weight loss and increased physical activity help to maintain proper blood sugar levels and may eliminate the need for medication. If medication is needed, drugs taken by mouth are the usual treatment. Occasionally insulin shots are needed as well. Proper treatment for diabetes, whether through medication or changes in diet and exercise, is very important because good control of blood sugar levels can reduce complications from diabetes.
Prevention of Diabetes

The good news is that diabetes can be prevented in many cases. The likelihood of developing type 2 diabetes is mostly determined by what we eat, how much we exercise, and most importantly, how much we weigh. Taking control of these three factors can help to prevent this serious condition.

The biggest factor influencing who develops diabetes is weight. Children and adults who are overweight are at higher risk, and those who are greatly overweight are even more likely to develop the disease. Thus, maintaining a normal weight for your height or losing weight if you are overweight will reduce your chances of having diabetes. Losing weight is hard but not impossible. Most experts, and people who have successfully lost weight, agree that the best way includes increasing physical activity and reducing calories. Increasing the amount of time walking each week seems to be one of the easiest changes to put into practice. Reducing calories can happen through decreasing the size of portions, eliminating soft drinks, not adding sugar to your tea or coffee, and decreasing how often you eat fast foods.

Even if you are unable to lose weight (and we all know how difficult that can be), you can reduce your chances of getting diabetes by becoming more active physically and by eating a healthier diet. It seems that regardless of how much a woman weighs, she can reduce her risk of diabetes by being physically active. Even a small increase in activity can help. It is not completely clear which aspects of diet are most important for reducing diabetes risk. However, it appears that adding more fiber to the diet (foods rich in cereal fiber like oatmeal, bran cereal, whole wheat bread) helps.

The BWHS and Diabetes

Although much has been learned about the causes and treatments of type 2 diabetes, most of the information comes from studies of white populations. A goal of the BWHS is to gain further information that is specifically relevant to African-American women. Using questionnaire data that many of you have provided over the years, we will be able to compare women with different patterns of physical activity to figure out what types of activity are both doable in real life and helpful for prevention of diabetes. We will compare different eating patterns to identify dietary factors that are harmful or helpful with regard to diabetes. And we will see what the effects of these factors (physical activity and diet) are among women of different sizes—those who are very overweight,
somewhat overweight, or within the recommended range of weight. We expect the information gained from the BWHS to be helpful to all of us as we age and become at higher risk of diabetes, and we also hope it will be helpful to our children who face a potential epidemic of this disease.

**Further Information on Diabetes**


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**BWHS Findings on Uterine Fibroids**

Uterine fibroids are very common among black women. Recent BWHS findings shed some light on possible causes. Women who were older when they had their first child or had given birth in the last five years were less likely to have fibroids. A new finding that needs to be confirmed by others is that fibroids were less common among women using injectable contraceptives that contain only a "progestin." (Most contraceptives contain an estrogen and the progestin.) A paper by Lauren Wise and other BWHS investigators has just been published in the American Journal of Epidemiology.

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**A Black Men's Health Study**

The 2003 BWHS health survey included a question asking if you think that your African-American husband, partner, or male relative might be interested in participating in a Black Men’s Health Study, similar to the BWHS. About a third of BWHS respondents so far have said yes to the question. If we decide to try to start such a study, it will take several years to get it off the ground—it would first be necessary to show that there are enough men interested in participating. We'll keep you informed on whether a Black Men's Health Study is happening.
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