

WHAT BLACK MEN NEED TO KNOW ABOUT HEART DISEASE

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The Background

Black men are an endangered species. As long ago as the eighteenth century, when the demographer Hoffman surveyed the health of the slave population of the United States and predicted that blacks would be extinct by the year 2000 because of their poor physical status, there has been grave concern about whether African American men were going to survive. This concern was so great that slave owners and others dealing in the traffic of slavery felt it necessary to insure the lives of their most precious commodity. It is to the perpetual discredit of some of our most prominent insurance companies and banking institutions that they funded these slaveholders and insured their human property against loss; this meant that slave holders did not have to worry about keeping their charges in good health, because if they died, their masters would be compensated. In truth, this was death insurance. In addition, the men were valued less than the women and children, because the women could always produce more slave babies if the male died, and the children would grow up (in not too many years!) to be fine slave workers themselves. The master could feel free to literally work their male slaves to death. Thus, the economic and market forces of the slave plantation dictated the health circumstances of African Americans who were in bondage at that time and were to determine the health characteristics of blacks right up to the present time.

This concept has been called the *slave health deficit* by Byrd and Clayton. It implies that the healthcare disparities which beset the African American population and other minority groups today are derived from the racist practices of the nefarious period of slavery. Although slavery officially ended with the Emancipation Proclamation

on January 1, 1863, its after-effects still continue. The health care arena has been affected by these effects more than any other entity in our society, and black men have been affected more than any other group. They really suffered more during the Reconstruction Period immediately after the Civil War, because the freed slaves no longer had even the meager provision of health care previously obtained from their former masters; they were indeed on their own and in most cases were cast out into the cold.

In addition, black men were maligned by our very Supreme Court of the United States, when Chief Justice Roger Taney ruled in the Dred Scott Case of 1857 that a black man “ was worth only three-fourths of a white man and had no rights that a white man was bound to respect”. This ruling legalized discriminatory treatment of African Americans and made it perfectly legal and reasonable to mistreat blacks.

The Current Situation

Let's look at the raw numbers. There are about 34 million African Americans in the country, which accounts for about 12.4% of the population. That makes blacks the second most populous minority group, behind Hispanics. Blacks lost the top position around 2001 and are still losing ground because of the relatively low fertility rate of the African American population. In addition to that, there are excessive losses at both ends of the age spectrum for blacks. We lose more youth to death by violence, from HIV/AIDS, and from several acute diseases. We must also add to that the attrition of our numbers from the criminal justice system; at present, fully one-third of black men are either in prison, on probation, or on parole. Many will lose their lives from the impact of imprisonment and all of its consequences.

Considering longevity, black males die sooner than any other race/gender group in America. Black men live an average of about 68 years, whereas white women live 86 years. That difference in longevity is what I call the death gap, and it is caused primarily by a difference in heart disease mortality.

When it comes to looking at heart disease in black men, the numbers are startling. A recent study showed that after age 35, black men are 26 % more likely to have a heart attack than white males, and are much more likely to die from it. Remember that 25 years ago, we were being told that black people were not prone or susceptible to heart attacks, that this was essentially a white man's disease, and that the

chest pain which caused a black man to go to the emergency room was probably just indigestion or gas, and that he should take some Tums or another antacid to relieve these symptoms. Many brothers left those emergency rooms and went home on the doctor's advice, only to die suddenly from what really was a heart attack.

Now let's take a look at the kinds of symptoms a man may experience when he is undergoing a heart attack. It's important to differentiate between the symptoms which men and women may have. A man may experience the classical pain in the left precordium or left side of the upper chest which has been popularized by doctors for centuries ever since it was first described by Dr. Edward Heberden in England in 1732. This pain, or *angina pectoris*, typically occurs on effort or with vigorous exercise but may also occur at rest or during sleep, in which case it is actually more ominous (unstable angina, which we now characterize as acute coronary syndrome). It may or may not radiate down the left arm, into the back, up to the jaw, or down into the abdomen. In many cases a sensation of tightness or an ill-defined discomfort may be felt, which is more often the case in women than in men. In addition, there may be shortness of breath, lightheadedness, nausea, and even vomiting as well as syncope (fainting). In some cases, heart palpitations may accompany the attack, and these may cause dizziness, or even fainting. This should be regarded as an emergency, and the first step to take is to call 911 and alert other members of the family that you may be having a heart attack. You should not "give yourself the benefit of the doubt" by not calling; this could be a fatal mistake. Another thing that you should do is to crush two (2) adult aspirin or eight baby aspirin and take them right away while you are waiting for the paramedics to arrive. This action could save your life, too. (Crushing the pills allows for more rapid absorption into your bloodstream by way of the mucous membranes of the mouth rather than through the much slower route of absorption through the gut.) Cardiologists speak of the "golden hour" which is a one-hour window of opportunity between the time you experience your first symptom to the time your heart muscle dies or undergoes ischemic damage, or what we call a myocardial infarction, better known as a heart attack.

What are some other special characteristics of heart disease, and more specifically coronary heart disease, in the black male? It occurs at a younger age than is true in the white male, is more likely to be in the form of a heart attack which will be fatal the first time it occurs in more than one-third of the cases, and is more likely to be complicated with the

development of congestive heart failure and to be associated with high blood pressure, diabetes, and kidney disease. Heart attacks occur about ten years earlier in men than in women because females have the benefit of hormonal or estrogen protection up to menopause, which men of course are lacking.

By now you should be convinced that men, and black males in particular, are in extreme danger from the threat of heart attacks. What can we do to dodge that bullet? Let's explore the factors that place us in this unenviable position of risk. Many of us have a strong family history of some type of cardiovascular disease, such as stroke, high blood pressure, diabetes (yes, diabetes is considered a cardiovascular disease because it so frequently precedes heart attacks and about 70% of diabetics die of heart attacks), kidney disease, and even peripheral vascular disease which we consider a cardiovascular risk equivalent. While it is true that you cannot change your genes, you can change those things that predispose you to more risk from your genetic makeup. Controlling your hypertension and diabetes, not smoking, exercising regularly, eating a proper diet, and not consuming excessive amounts of alcohol are important risk factor reduction goals. Avoidance of stress and getting plenty of sleep are also important goals. Of course, everyone should have a regular checkup by a doctor at least once a year. (There is some dispute about the value of the annual checkup, but I believe in it, especially for African Americans, who make far fewer visits to the doctor than whites do, with worse disease statistics.)

An intervention of proven value is taking one baby Aspirin each day. It has been shown by numerous studies that this prevents heart attacks and saves lives. This has been particularly effective in men.

What can you do to save your own life? I recommend a visit to your doctor to get yourself checked out, followed by a personal education program in which you should access available articles and publications about heart disease. You can start by getting free pamphlets on the subject supplied by all major pharmacies, and going on line to get more detailed information on Google or Yahoo. After taking these steps you should map out a personal Life Style Change program in which you commit to dietary, habit, and exercise alterations that you should commit to for one week. Your doctor can help you to put it together. Keep a diary about what you do, and by all means have your wife or other partner join in it with you.

Finally, black men tend to deny that they are sick when heart attack symptoms occur. Perhaps the tradition of suffering in silence has

been passed down to us from slavery as a vestige of the stoicism that the black male inculcated into his fiber. If so, it is a harmful anachronism which we need to eradicate, for our heart's content.