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Special Considerations of Care and Risk Management for African American Patients With Type 2 Diabetes Mellitus

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It is well documented that African American populations are disproportionately affected by type 2 diabetes mellitus compared with their white counterparts. They have a higher prevalence of diabetes, a higher rate of diabetes-related complications, greater disability from these complications, and poorer control and quality of care. In order to improve diabetes care and outcomes in African Americans (and indeed all patients with diabetes), a multifactorial approach is needed to target all risk factors—not solely hyperglycemia—simultaneously. Culturally appropriate initiatives to improve lifestyle behaviors are a first step in management. Community-based programs, including those mediated through church groups, have reported varying degrees of success in effecting such beneficial lifestyle changes. If these measures fail to achieve desirable levels of blood glucose, blood pressure, and serum lipids, pharmacologic therapy is indicated. However, few evidence-based recommendations regarding the use of some drugs in African Americans currently exist due to their underrepresentation in randomized controlled clinical trials. Other essential components of diabetes care include regular screening for diabetic nephropathy and neuropathy, and eye and foot examinations, with prompt referral to specialists when important clinical changes are detected.

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Keywords

diabetes mellitus; African Americans; risk factors

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