

Indo-Canadian diabetes rate soars: Butter and sugar to blame for disease showing up in about 20 per cent of adults

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Diets rich in butter and sugar are contributing to diabetes rates that are three to five times higher in the Indo-Canadian and other South Asian communities than the general population.

Alarmed by these numbers, the B.C. branch of the Canadian Diabetes Association plans an information campaign in the languages of the new Canadians to combat what is largely a lifestyle-oriented disease affecting at least 250,000 people in B.C.

Local statistics have not yet been collected but Canadian research has shown that about 20 per cent of Indo-Canadians and South Asians have diabetes, compared with two to six per cent of Caucasians of European descent.

The CDA says the vast majority of people have type 2 diabetes which most get because of lack of exercise and being overweight from diets containing too much fat and sugar.

Rema Sanghera, a dietician at B.C. Women's Hospital, said traditional Punjabi cooking uses far too much butter and sugar, and many cooks, once they come to Canada, use even more because these are more accessible here.

"In India, you use butter and sugar only if you can afford it. Here, it is so inexpensive. And when we do detailed histories on diabetes patients, the one thing that comes up consistently is that they are using too much of both because they say it makes their products more delicious and everyone compliments their cooking.

"Also, in India, people who are skinny are seen as being poor and unhealthy while extra weight around the waist is seen as a sign of affluence and better health," said Sanghera.

Scott Lear, an assistant professor of kinesiology at Simon Fraser University and researcher at St. Paul's Hospital, said he is exploring the association between abdominal obesity and diabetes.

"It is an acknowledged fact that people from India and South Asian countries have a higher incidence of diabetes, especially when they adopt bad western lifestyles when they come here. It is quite possible that lower BMI [body mass index] targets are necessary for those groups to lower diabetes risk. There is also a hypothesis that such people naturally have less lean body muscle and higher body fat ratios."

Jean Blake, executive director of the CDA (B.C. and Yukon division), said Statistics Canada has identified that 77 per cent of Canadian immigrants come from high-risk diabetes areas, which is one reason the organization is putting a priority on educating people.

Jasvir Bhupal, a Surrey Safeway pharmacy technician who works with diabetes patients and is helping organize a Sept. 25 Punjabi forum, said a lot of myths need to be shattered, such as one that suggests eating bitter melon or fenugreek will prevent diabetes or lower blood sugar levels.

"People hear the Punjabi radio ads about bitter melon pills or hear about these so-called remedies from their friends or relatives and some may actually substitute these things for proven treatments," said Bhupal, whose mother, mother in law, husband and several other close relatives have been diagnosed with diabetes.

"It's so prevalent in the Indo-Canadian community but people don't seem to understand the potential complications. A lot of people believe that if they stay away from sugary foods they'll be okay, but they don't realize that everything gets converted into glucose," she said.

Dr. Parmjit Sohal, a Surrey family doctor, said almost every family in the East Indian community is affected by the disease.

The free, industry-sponsored diabetes forum Sept. 25 takes place from 1 to 6 p.m. at the Crystal Hall, York Business Centre, 210-12888 80th Ave., Surrey.