

NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

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Title

Diabetes related complications among Ethiopian Jews- Outcomes of a 10 years cohort study in Israel

Priority 1 (Research Category)

Population health and epidemiology

Presenters

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Abstract

The context: Immigrants, particularly those moving from lower to higher-income countries, often exhibit a heightened susceptibility to non-communicable diseases, such as Type 2 diabetes (T2D), which may manifest at an earlier age and present with different complications compared to the native population.

Objective: To investigate and compare the outcomes of T2D among Ethiopian-born Jews who immigrated to Israel with those of Israeli-born Jews.

Design and analysis: The study employed a comprehensive cohort design to compare individuals with T2D who were Ethiopian-born to their Israeli-born counterparts. Multivariate analyses were conducted to evaluate adjusted hazard ratios for various demographic, clinical, and comorbid factors at the onset of the disease and after a 10-year follow-up period.

Setting: Community-based study using Clalit Health Services (CHS) data.

Data for this investigation were sourced from a community-based approach, utilizing information from CHS, which integrates data from community sources and hospitals.

Population: Jewish CHS members, aged 18+, diagnosed with T2D between 2000-2011, born in Israel or Ethiopia.

Intervention: 10-year follow-up to track T2D outcomes.

Outcomes: Studied all-cause mortality, macrovascular, and microvascular complications.

Results: The study sample encompassed 78,637 individuals newly diagnosed with T2D during the specified period, with 4,568 of them being Ethiopian-born. Throughout the study and follow-up period, significant disparities were observed in terms of diabetes control, blood pressure levels, and hyperlipidemia, with Israeli-born individuals generally displaying better indicators. In contrast, measurements related to renal failure and obesity tended to favor Ethiopian-born individuals. Notably, Ethiopian-born individuals exhibited a reduced risk of all-cause mortality and macrovascular complications (HR 0.77; 95% CI 0.71-0.83, HR 0.70; 95% CI 0.65-0.76, respectively), while facing a higher risk of microvascular complications (HR 1.12, 95% CI 1.06-1.18). Furthermore, an extended period of residence in Israel was associated with an increased likelihood of developing macrovascular complications, particularly notable after 10 years, with a lesser impact on microvascular complications.

Conclusions: It is imperative to provide specialized care for immigrant populations to enhance the management of chronic diseases and mitigate further morbidity risks.

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