

# HAUORA MANAWA HEART HEALTH

The Community Heart Study

February 2010

Issue 6

## Study Update – Suzanne Pitama

### Kia Ora and HAPPY NEW YEAR!

It was so fabulous to see so many of you over the festive season in and around Wairoa. Thank you for your warmth and hospitality and allowing us to finish the last of our clinics (including my mobile ones to your homes). We are now in the process of keying in all the information and doing the analysis on the initial and 2<sup>nd</sup> year follow up data for Wairoa. This year will also see us re-visiting the Christchurch participants (520 of them) to see how they are 2 years on from when we first saw them. We look forward to letting you know what the

## WAIROA

results of our analysis are telling us, and also what we are doing with the findings to make a difference to health care and service delivery for Maori. I wanted to take this time to thank especially the staff at all the GP surgeries who have assisted us in collecting all the information we have needed. THANK YOU.

Our team wishes you the best over this new year, and we will continue to keep in touch through the newsletter and website. Please continue to send in your “success” stories, they inspire all that read and hear of them. Thank you, Maria and Sonny, for sharing your story with us this month.

## Heart To Heart... with Maria Cairns and Sonny Tipuna

Both Maria (38) and partner Sonny (46) were selected to be part of The Community Heart Study. The couple decided to participate partly because of family reasons – their youngest child Sidney, now 2 years old, was born shortly after the first Wairoa clinics started in 2007. “We want to be around as long as possible for them. We realise that we need to take care of our health and the study was a great place to start”. Sonny especially was keen to have his heart health checked as he suffered from rheumatic fever in his youth, and his family also has a history of heart disease.

Like many of our participants Maria and Sonny have made significant lifestyle changes since attending their first clinic.

One of the most notable of these is their double success in quitting smoking. Prior to quitting, their combined number of years spent smoking was a whopping 57 years! Their method of quitting was a little unusual. “We were approached by a friend who wanted to use hypnosis to try and quit smoking. However, he needed a minimum of 10 to get the hypnotist to travel to Wairoa, so we gave it a go.



*Sonny Tipuna and Maria Cairns, pictured with daughter Sidney*  
When the session was over we were left wondering did it work? To cut a long story short, we have not had a smoke since then”. While they know that hypnosis might not work for everyone, both Sonny and Maria believe that it worked for them. They are now enjoying the health benefits of being smoke free “Our house is smoke free now, our vehicles are smoke free, our children are not exposed to smoke – our lives are smoke free and it is great”.

The family enjoys spending lots of time in the great outdoors – they particularly love fishing and camping. Maria acknowledges that there are still things she’d like to work on to improve both her own health and the health of her family but she knows that it’s going to take time. “My advice is to just focus on one step at a time and as a family support each other in whatever it is you are trying to achieve. You will get there eventually”.

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## Congratulations To:

Cheryl Witika, Timaru  
and Dale Ropitini,  
Nuhaka who have each  
won a \$100 New World  
Gift Card

Please let us know if you  
have changed address or  
need to update your  
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## Contact Us:

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# In The News

## Family History and the Genetic Risk of Heart Disease

By Vicky Cameron and Allamanda Faatoese

One of the many aims of this study was to look for clues as to why heart disease seems to run in certain families. The common forms of heart disease arise from a complex

Vicky Cameron  
interaction between lifestyle factors and the effects of many genes.

Most of us are aware of the lifestyle factors that contribute to heart disease - smoking, obesity, lack of exercise and a fatty diet. But alongside these, family history is also a risk factor.

We know from studies comparing identical and non identical twins that in some individuals, up to half their risk of heart disease is inherited - that is why we all know of slim, fit people who still develop heart disease.

Each person has a DNA profile, which is different from that of everybody else - except in the case of identical twins. This genetic profile is a mixture of the genes from our mother and father. The precise way they are mixed varies from child to child within the same family, so having the same parents does not mean that two children will have exactly the same genes. The genes we inherit may explain why some people are more resistant or more prone to certain disorders.

The research which you are taking part in, is looking at genes for any link with heart disease in the local New Zealand population.

We asked you which of your first-degree relatives (father, mother, brothers or sisters) had suffered from heart disease, or had risk factors for heart disease (type-2 diabetes, high blood pressure, or high

cholesterol problems). The results are very interesting, as they suggest that all three of our study communities had a similar experience of family members with heart disease

and high blood pressure, but the Wairoa community experienced the higher rates of family history with type-2 diabetes than either of the Christchurch groups. In contrast, both of our Christchurch groups (Maori and non Maori) had more family members where cholesterol was a problem. We should bear in mind that these numbers could reflect differences between Wairoa and Christchurch in terms of the screening for high cholesterol by doctors in our parent's generation.

We have also looked closely at three genes that other large studies have shown to be strongly associated with a higher risk of developing heart disease. We found that one variant gene form was carried more frequently among individuals in the Wairoa community, and was especially common in those who had heart disease.

It is important to note that the genetic analysis involved in this study alone can't predict who will get heart disease, because there are many factors in the environment that interact with our genes to cause these diseases. But identifying gene combinations that are contributing to heart disease may help us understand why some population groups in this country are particularly at risk.

With your participation, we are helping to put the pieces of this puzzle together, and in the future this may help us optimise treatment to where it is needed most.



Allamanda Faatoese

**The table below shows how many of our participants have family history of heart disease and its associated risk factors.**

	Wairoa Maori	Chch Maori	Chch non-Maori
Family history of heart disease	52%	58%	55%
Family history of Type 2 diabetes	63%	46%	31%
Family history of Hypertension (high blood pressure)	61%	67%	57%
Family history of High Cholesterol	33%	47%	43%