Race and the Frequency of Developing Type II Diabetes

Diabetes and its treatment remains a hot topic with the medical community within the U.S. and the rest of the world. Type II Diabetes, or developed insulin resistance, is one of the fastest growing diseases within the developed world. There are an estimated 20.1 million diabetics in the U.S. and, in addition, 41 million citizens are considered prediabetic. Throughout the entire world, type II diabetes has been consistently growing, however at different rates among different ethnic groups. While obesity has been linked to the occurrence of type II diabetes, U.S. statistics show that the frequency of diabetics is almost twice as likely in African Americans as in Caucasians or Hispanics, regardless of weight.

Because diabetes is a growing problem, both nationally and internationally, it is a disease that is both well researched and well funded. Pharmaceutical companies spend billions of dollars developing new drugs and treatments to try to curb the development of type II diabetes and also create new medications to help treat the condition. As more developing countries advance and as the “western culture” of obesity persists throughout the world, this issue is only going to become more salient and costly, both financially and in total lose of life. How biological variation effects diabetes and its onset is of great importance yet comparatively little understanding compared to cultural reasons.

If genetic variation is linked to the onset and risk of developing type II diabetes this could have drastic effects on how diabetes prevention is developed and promoted

as well as what kind of research goes into discovering cures and treatments. Jorge Calles-Escandon M.D., an associate professor of endocrinology at Wake Forest University Baptist Medical Center, said "… black women may need to be evaluated and treated for insulin resistance and cardiovascular disease even at weight not considered obese by current standards." Further studies are being done on race and gender and its correlation to type II diabetes.

Because race is a socially created concept and one of great importance and differentiation in the U.S., how it is viewed will greatly play into future research of diabetes. While genetic variation does cause differing levels of risk for developing type II diabetes, pigeon-holing these ideas into race can have negative consequences on effective research and treatment of the disease. Specific treatments or life-style changes that will help prevent or curb the disease could be brought on to different people depending on color of skin instead of truly genetic differentiation. Entire populations of people within the U.S. could be treated and diagnosed differently along with given different advice as to prevent and treat the disease as others. While an individualize approach is warranted to each case, typifying best practices to avoid this ever increasingly common illness into racial categories can only lead to discriminator diagnosing and treatment of the disease in the future. Until society accepts genetic variation beyond that of race as a link to type II diabetes, increasing problems and frequency of the disease are likely to occur.