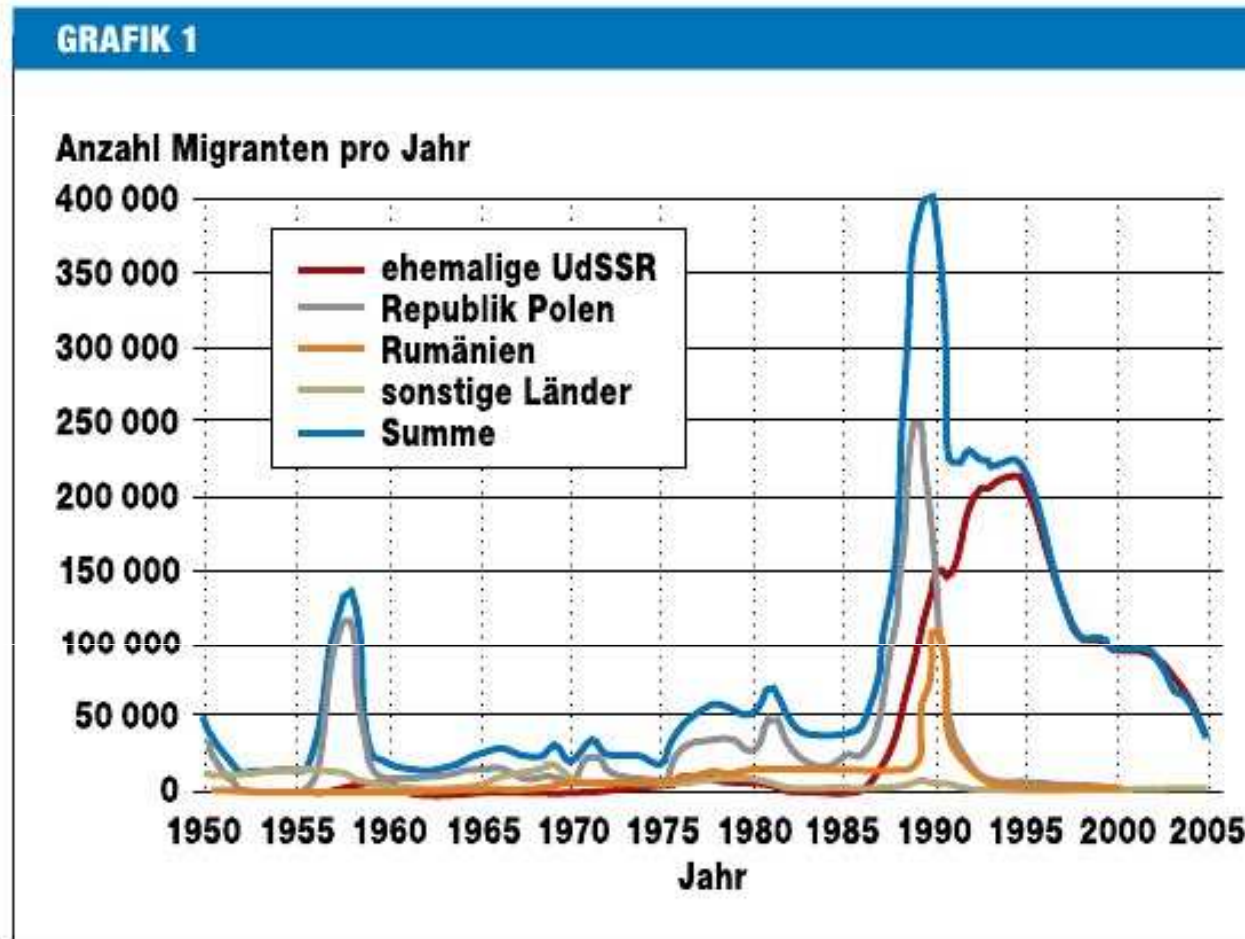


# Mortalität bei Spätaussiedlern

# Migration aus e.UdSSR, Polen u.a.



Anzahl der Einwanderer aus Ländern Osteuropas

# Aussiedler – SMR - Neoplasien

Geschlechtsspezifische SMR für ausgewählte Todesursachen

	Männer			Frauen		
	Beobachtet	Erwartet	SMR (95% CI)	Beobachtet	Erwartet	SMR (95% CI)
<b>Gesamt</b>	940	998,2	0,94 (0,88–1,00)	865	1 006	0,86 (0,80–0,92)
<b>Infektionskrankheiten</b>	12	10,8	1,11 (0,63–1,96)	17	10,1	1,69 (1,05–2,71)
<b>Krebserkrankungen</b>	282	283,4	0,98 (0,88–1,11)	220	287,1	0,77 (0,67–0,87)
Magen	26	18,5	1,41 (0,96–2,07)	25	16,2	1,54 (1,04–2,29)
Kolon/Rektum	27	34,1	0,79 (0,54–1,15)	34	37,8	0,90 (0,64–1,26)
Leber	11	7,2	1,52 (0,84–2,75)	7	4,1	1,71 (0,81–3,55)
Lunge	100	76,1	1,31 (1,08–1,60)	15	25,3	0,59 (0,36–0,98)
Brust				25	49,9	0,50 (0,34–0,74)
Prostata	13	25,4	0,51 (0,30–0,88)			

# Aussiedler - SMR

**Geschlechtsspezifische SMR für ausgewählte Todesursachen**

	Männer			Frauen		
	Beobachtet	Erwartet	SMR (95% CI)	Beobachtet	Erwartet	SMR (95% CI)
<b>Herz-Kreislauf-Erkrankungen</b>	<b>314</b>	<b>396,7</b>	<b>0,79 (0,71–0,88)</b>	<b>417</b>	<b>485</b>	<b>0,86 (0,78–0,95)</b>
Ischämische Herzerkrankungen	151	199,6	0,76 (0,65–0,89)	156	187,4	0,83 (0,71–0,97)
Zerebrovaskuläre Erkrankungen	64	72,6	0,88 (0,69–1,13)	87	114,2	0,78 (0,63–0,96)
<b>Nicht natürliche Todesursachen</b>	<b>81</b>	<b>50,5</b>	<b>1,60 (1,29–1,99)</b>	<b>23</b>	<b>22,6</b>	<b>1,04 (0,68–1,53)</b>
Suizide	33	23,2	1,42 (1,01–2,0)	4	8,2	0,49 (0,18–1,31)
Unfälle	36	24,5	1,47 (1,06–2,04)	14	12,9	1,08 (0,64–1,83)
Andere nicht natürliche Todesursachen	12	2,8	4,24 (2,41–7,47)	5	1,5	3,29 (1,37–7,91)
<b>Verhaltensstörungen durch den Gebrauch psychoaktiver Substanzen</b>	<b>31</b>	<b>17,6</b>	<b>1,76 (1,24–2,50)</b>	<b>2</b>	<b>4,6</b>	<b>0,44 (0,11–1,75)</b>

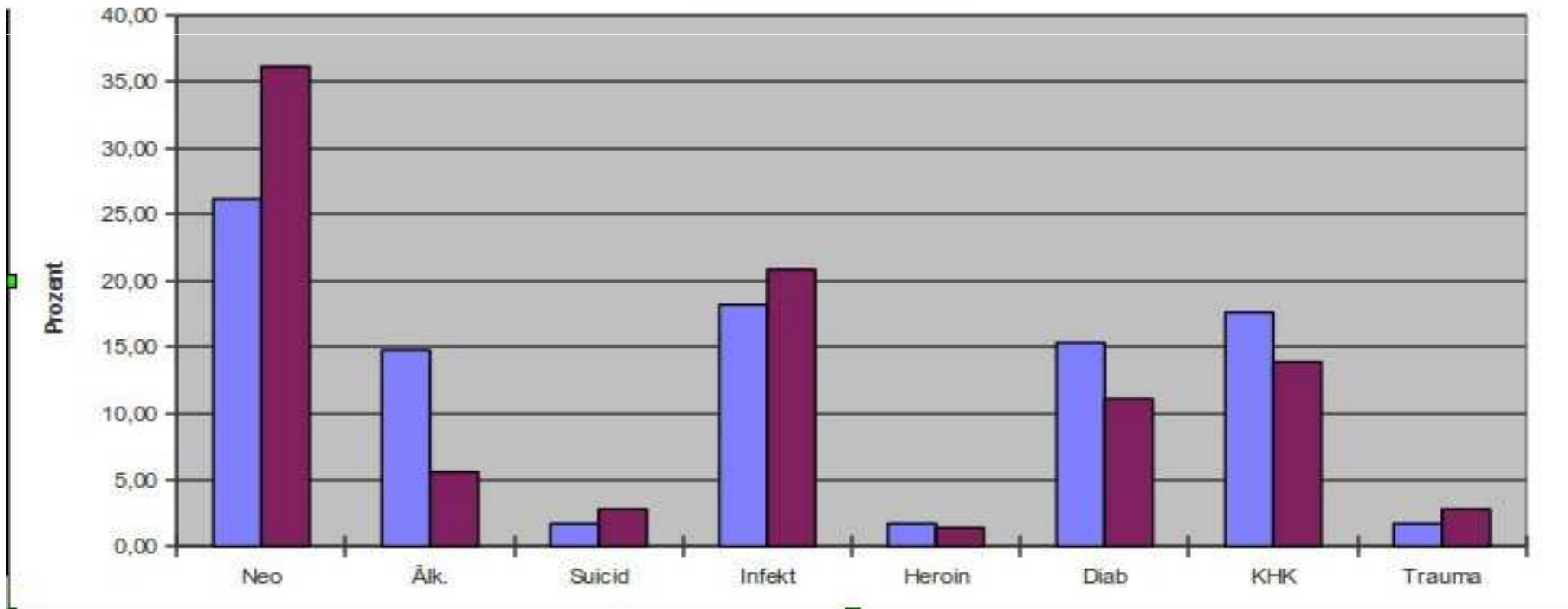
# Mortalität Patienten in eigener Praxis

	Männer		Frauen	
	deu	deu.r	deu	deu.r
Magen	0,0	12,5	0,0	18,2
Darm	0,0	0,0	3,8	0,0
Leber	0,0	6,3	0,0	0,0
Lunge	31,6	18,8	11,5	0,0
Brust			34,6	18,2
Prostata	0,0	0,0		
gesamt	100,0	100,0	100,0	100,0

Angaben in %, deu = deutsch, deu.r = Aussiedler

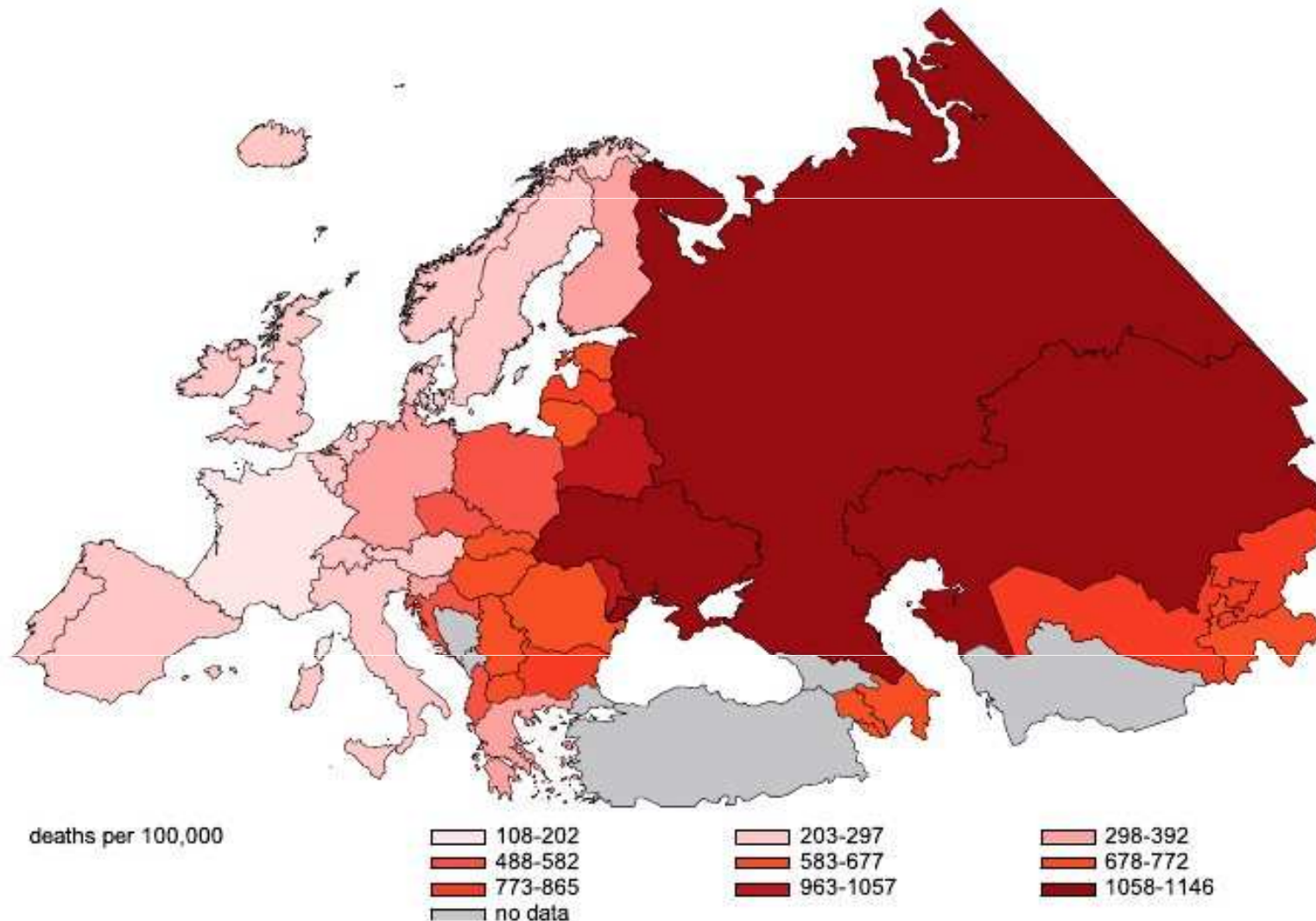
# Mortalitätsvergleich Patienten in eigener Praxis

Mortalitätsvergleich



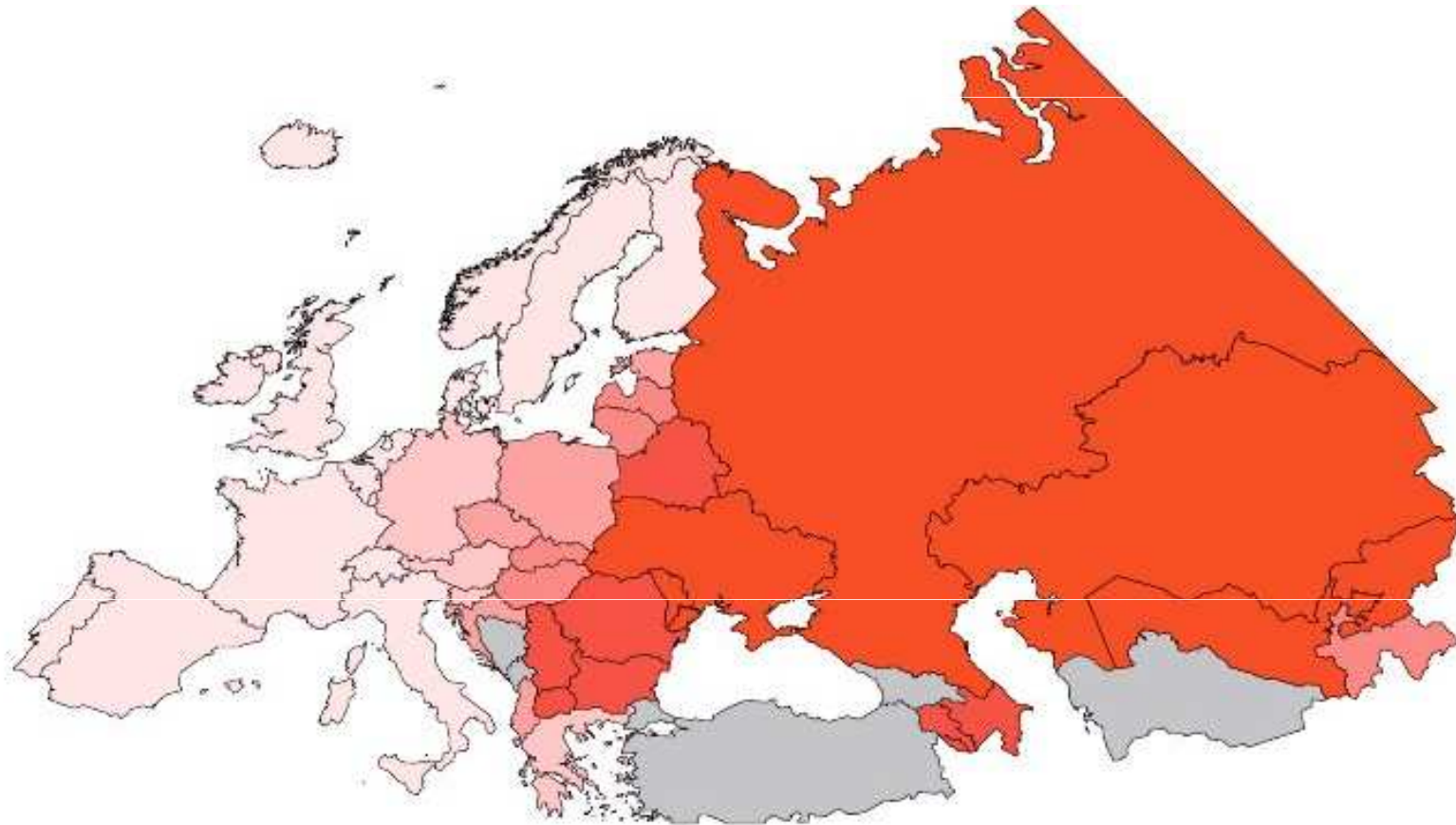
 = Deutsche,  = Spätaussiedler

# CVD-Mortalität in Europa - Männer



**Figure 3** Age-standardized CVD mortality in Europe in 2005 (ICD-10: I00-I90). Top: females, bottom: males. Values of 2003 imputed: Armenia, Macedonia, Italy; values of 2004 imputed: Albania, Belgium, Azerbaijan, Portugal.

# CVD-Mortalität in Europa - Frauen



# Gesundheitsrisiken Aussiedler

- Übergewicht OR 1,95
- Chol/HDL > 4 OR 1,71
- sportlich aktiv OR 0,41

# Vitaminmangel und Osteomalazie bei Immigranten

# Vitamin-D-Mangel: Definition

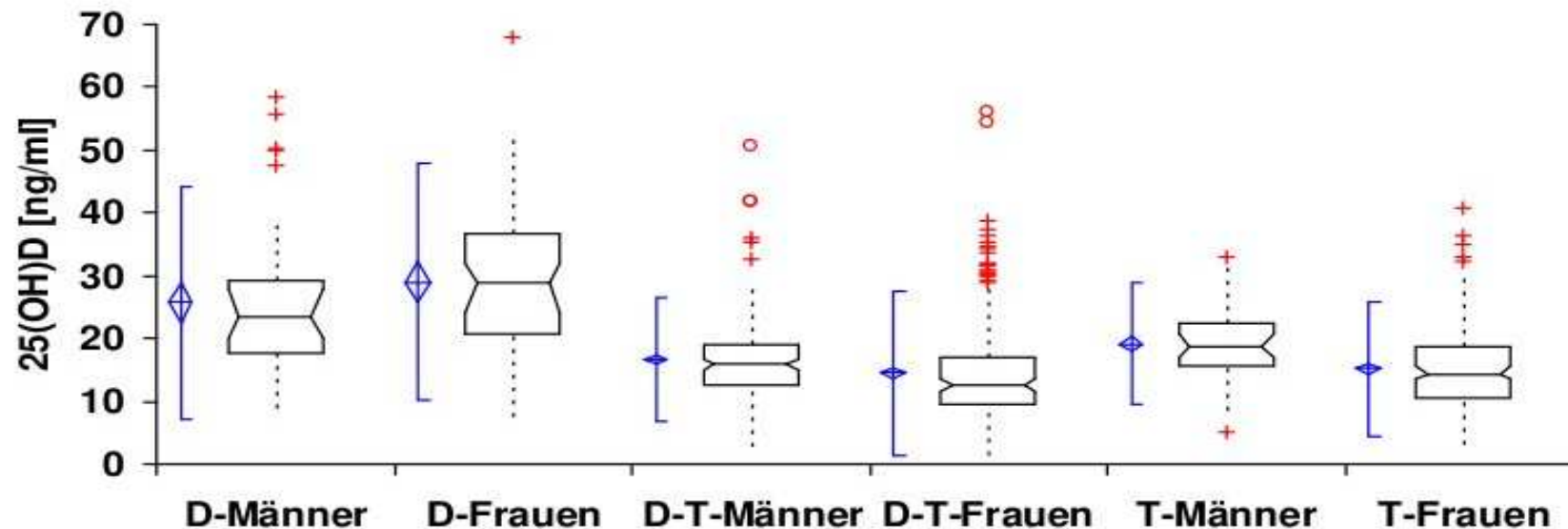
Umrechnung von  $\mu\text{g/L}$  in  $\text{nmol/L}$ :

$$\mu\text{g/L} * 2,5 = \text{nmol/L}$$

- < 12,5  $\text{nmol/L}$  = 5  $\mu\text{g/L}$ : Gefahr Osteomalazie /Rachitis
- < 25  $\text{nmol/L}$  = 10  $\mu\text{g/L}$ : Gefahr Osteomalazie/Rachitis auf lange Sicht
- < 50  $\text{nmol/L}$  = 20  $\mu\text{g/L}$ : Vitaminmangel
- > 250  $\text{nmol/L}$  = 100  $\mu\text{g/L}$ : toxischer Bereich

# Vitamin D Verteilung

Abbildung 9: Vitamin D Verteilung in Box-Whisker-Diagramm

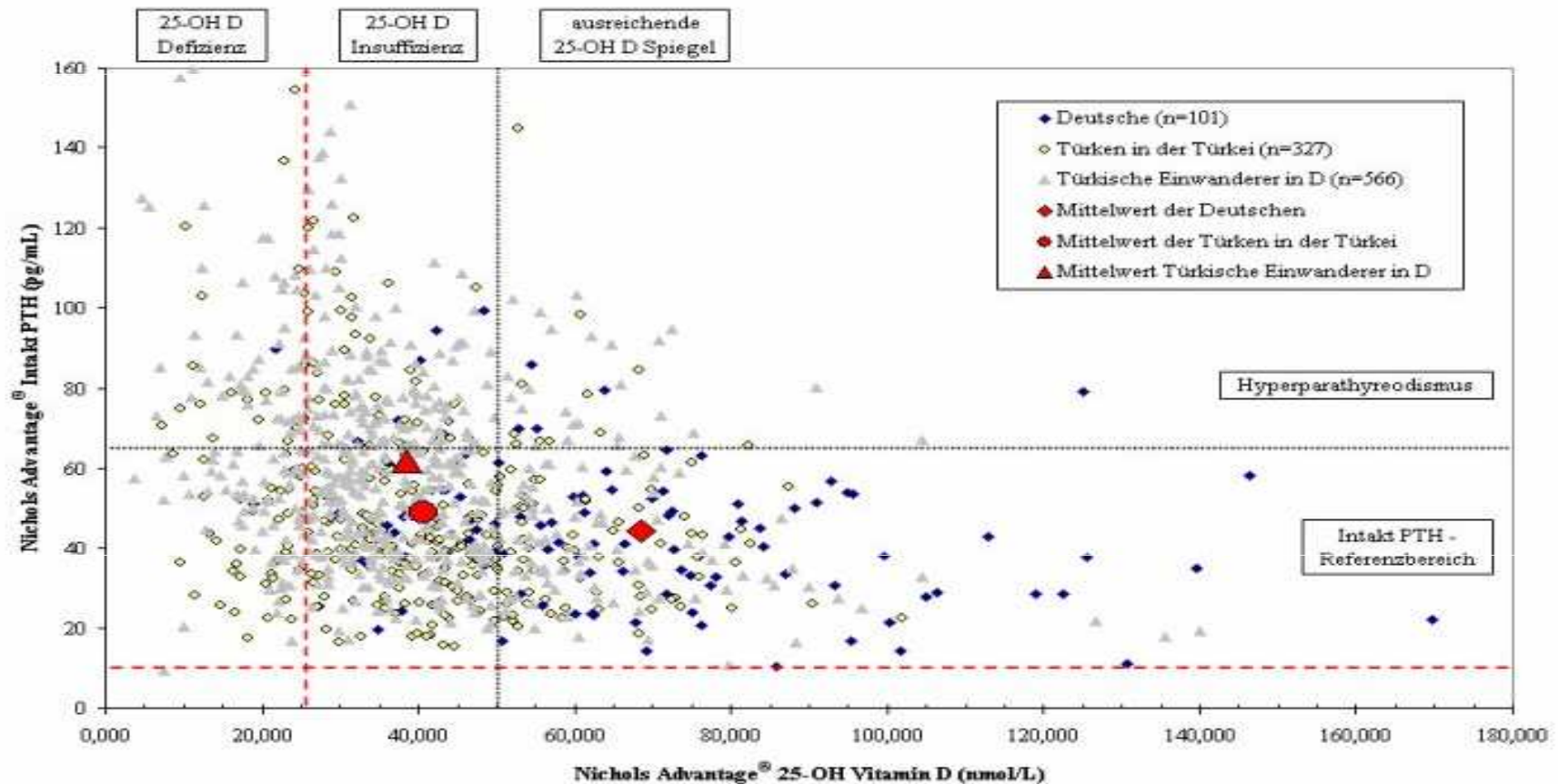


+ : Näher Ausreisser (1,5-3,0 IQR)

o : Ferner Ausreisser (>3,0 IQR)

Abb. 9 veranschaulicht die Mittelwerte und Verteilung des Vitamin D-Spiegels in allen Unterkollektiven.

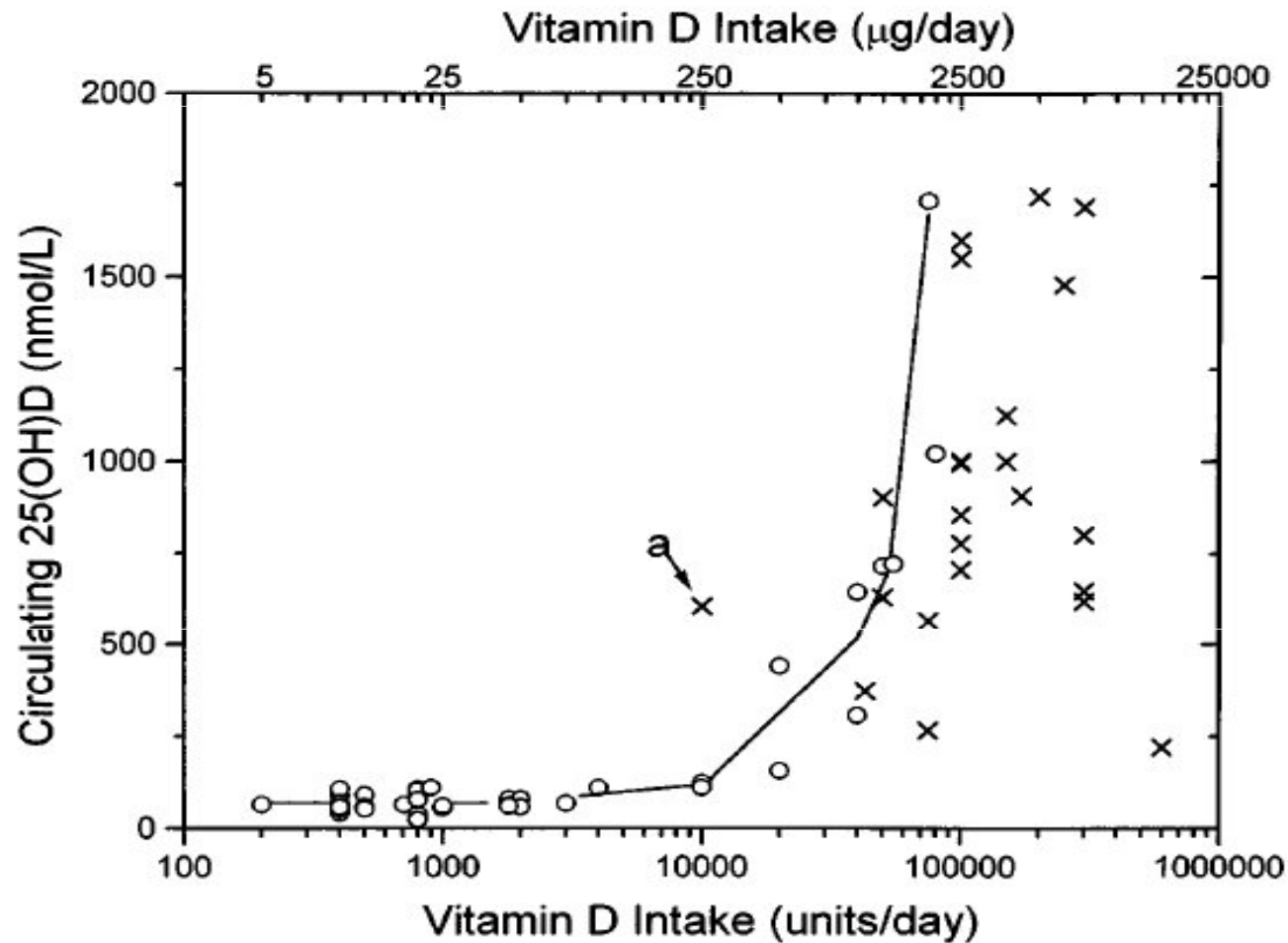
# Verteilung Vit.D u. Parathormon



# Labor bei Knochenenerkrankungen

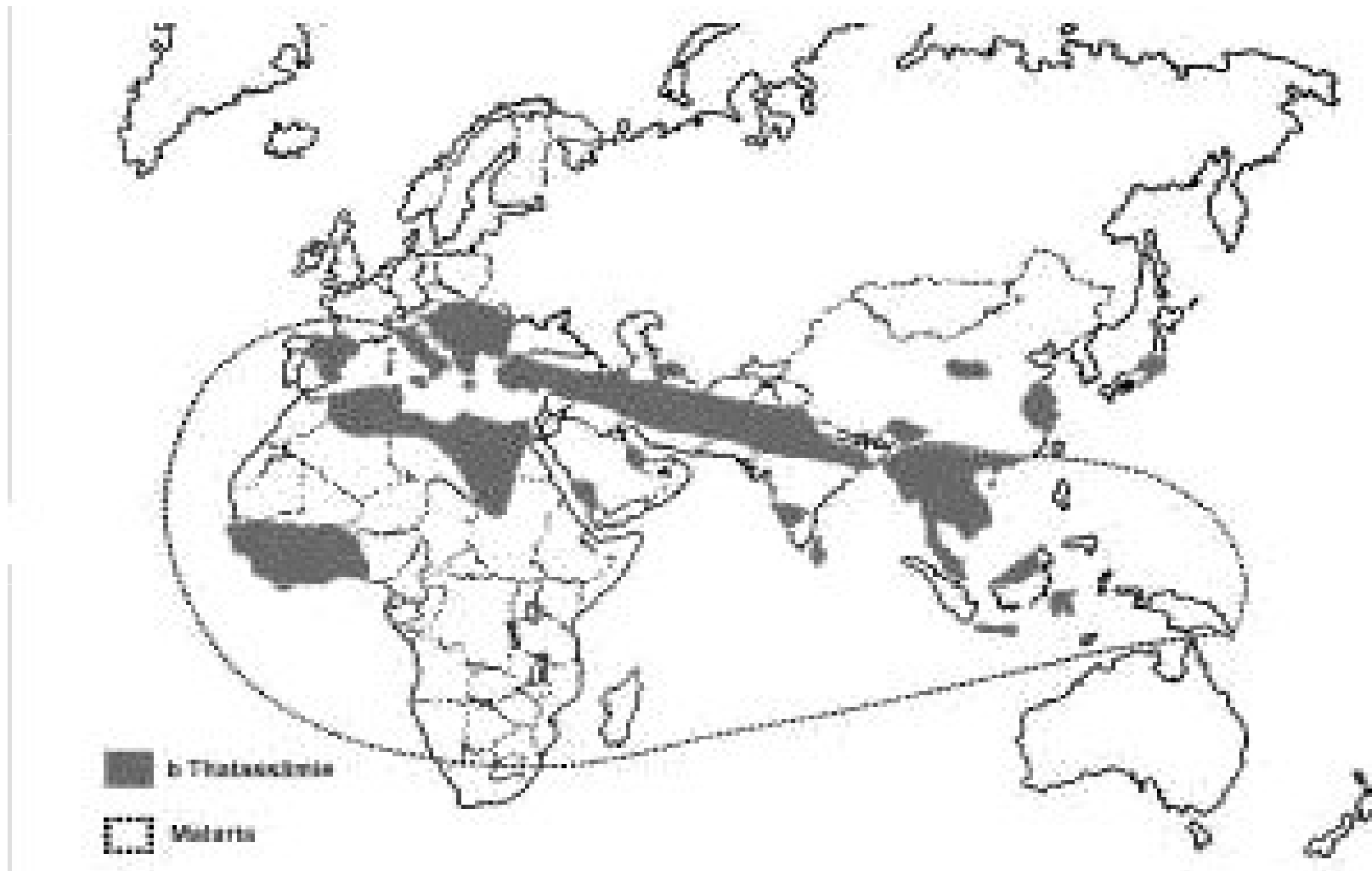
	Ca	PO4	AP	PTH	Vit.D
Osteoporose	N	N	N	N,↑	N,↓
Osteomalazie	N,↓	↓↓	↑	↑	↓
pr.Hyperparathyreodismus	↑	↓	↑	↑	?
Knochenmetastasen	↑	N,↓	↑	N,↑↓	?

# Vitamin D - Therapiesicherheit



# Thalassämie

# Verbreitung Thalassämie



# Thalassämie: Prävalenz UK

862 M. Hickman *et al*

**Table I.** Planning estimates of haemoglobinopathies by ethnic group for people living in the U.K.

(A) Beta-thalassaemia trait and disease

Ethnic group	Carriers			Affected fetuses per 1000 <sup>2</sup>			Grading*	Evidence <sup>10</sup>
	Mid <sup>1</sup>	Lower	Upper	Mid <sup>1</sup>	Lower	Upper		
White	0.001			0.0003			D	Cook & Lehman, 1973; Knox-MacAulay <i>et al</i> , 1973
Black Caribbean	0.009			0.018			B	Serjeant-Frempong <i>et al</i> , 1986, Horn <i>et al</i> , 1986; Henthorn <i>et al</i> , 1984
Black African <sup>4</sup>	0.009			0.018			D	Akinyanju 1989; Serjeant <i>et al</i> , 1986; Fleming <i>et al</i> , 1979; Ohene <i>et al</i> , 1998
Black other <sup>5</sup>	0.009			0.018			E	
Indian	0.035	0.025	0.045	0.31	0.16	0.51	C	Sukumaran & Master, 1974; Tillyer <i>et al</i> , 1993
Pakistani <sup>6</sup>	0.045	0.035	0.055	1.01	0.61	1.51	C	Tillyer <i>et al</i> , 1993; Buckley <i>et al</i> , 1975
Bangladeshi <sup>7</sup>	0.030	0.020	0.040	0.83	0.50	1.20	C	Tillyer <i>et al</i> , 1993
Chinese	0.030	0.010	0.040	0.23	0.03	0.40	D	Zang, 1986; Zeng 1981
Cypriot <sup>8</sup>	0.160			5.12	3.84	6.40	B	Angastiniotis & Hadjuminas, 1981
Other Asian	0.030	0.010	0.040	0.23	0.03	0.40	E	
Other-other <sup>9</sup>	0.001			0.0003			E	

# Diagnostik $\beta$ -Thalassämie

**Table 3**

**Sensitivity and Specificity of Various Parameters and Formulas in Classic BTT and BTT With IDA Groups\***

Parameters and Formulas	Classic BTT			BTT With IDA		
	Cutoff	Sensitivity (%)	Specificity (%)	Cutoff	Sensitivity (%)	Specificity (%)
RBC ( $\times 10^{12}/L$ )	>5	95.5	90.0	>5	41.4	90.0
	>5.28 <sup>†</sup>	91.1	96.7	>4.81 <sup>†</sup>	48.3	86.7
MCV (fL)	<76	93.7	96.6	<76	94.82	93.33
	<71.3 <sup>†</sup>	93.7	100	<76.6 <sup>†</sup>	96.6	93.33
MCH (pg)	<27	97.3	100	<27	96.6	66.7
	<22.5 <sup>†</sup>	99.1	66.7	<22.2 <sup>†</sup>	94.8	100
RDW (%)	<13.6	46.4	56.7	<13.6	3.4	43.33
	<12.4 <sup>†</sup>	83.0	50.0	>12.5 <sup>†</sup>	100	53.3
F1	<1,530	99.01	93.33	<1,530	94.8	70
	<1,204 <sup>†</sup>	96.4	100	<1,232 <sup>†</sup>	94.8	100
F2	<13	92	100	<13	53	100
	<15.2 <sup>†</sup>	96.4	96.7	<16.4 <sup>†</sup>	79.3	90.0
F3	<3.8	89.3	100	<3.8	51.7	100
	<4.2 <sup>†</sup>	95.5	100	<5.5 <sup>†</sup>	82.8	86.7
F4	<0	72.3	96.7	<0	10.3	96.7
	<7.08 <sup>†</sup>	92.9	93.3	<18.8 <sup>†</sup>	77.6	60.0
F5	<3.3	92.9	36.7	<3.3	41.6	40.0
	<6.0 <sup>†</sup>	86.6	66.7	>3.72 <sup>†</sup>	43.1	80.0
F6	<72	92.85	70.0	<72	55.17	40.0
	<62.8 <sup>†</sup>	91.1	90.0	<71.9 <sup>†</sup>	55.2	70.0

BTT,  $\beta$ -thalassemia trait; IDA, iron deficiency anemia; MCH, mean corpuscular hemoglobin; MCV, mean corpuscular volume; RDW, red cell distribution width.

\* For conversions from Système International units for RBC count, MCV, and MCH, see the footnote for Table 1. The formulas are as follows: F1, Shine and Lal Index:  $MCV \times MCV \times MCH/100^8$ ; F2, Mentzler Index:  $MCV/RBC$  count<sup>9</sup>; F3, Srivastava Index:  $MCH/RBC$  count<sup>10</sup>; F4, England and Fraser Index:  $MCV - (5 \times Hemoglobin) - RBC^{11}$ ; F5, Ricerca Index:  $RDW/RBC$  count<sup>12</sup>; and F6, Green Index:  $MCV \times MCV \times RDW/(Hemoglobin \times 100)^{13}$ .

<sup>†</sup> Revised cutoff as per receiver operating characteristic curve.

# Thalassämie-Diagnostik :Blutbild

1.Shine and Lal Index:  $MCV \times MCV \times MCH/100$   
Cutoff : <1530

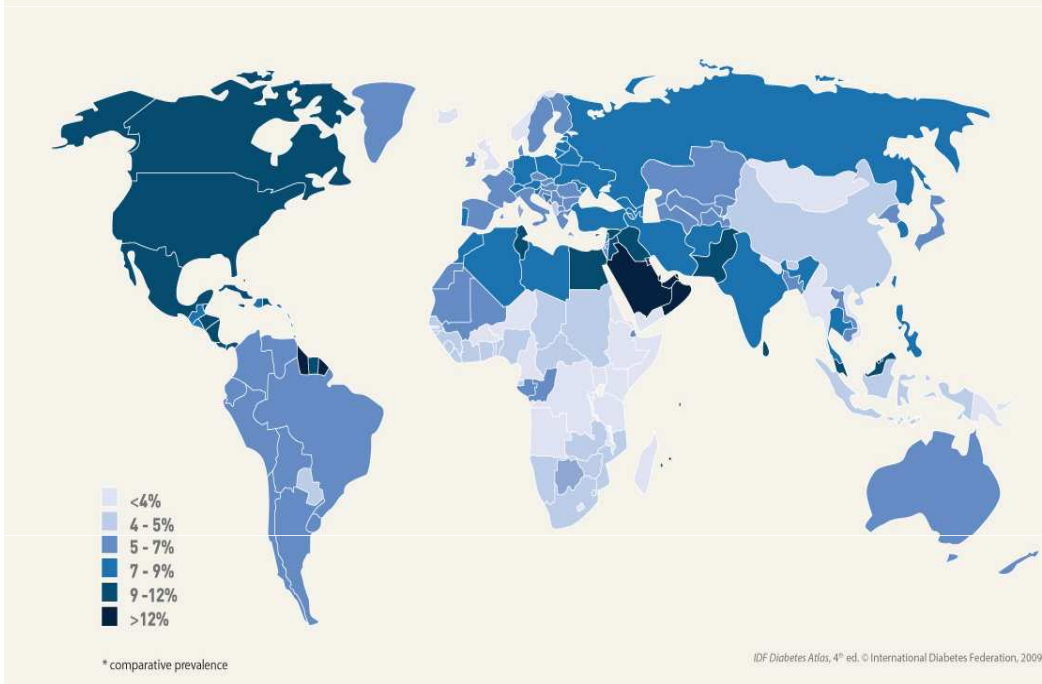
2.MCV.Cutoff: < 76 (71) fl

3.MCH(HbE).Cutoff: < 27 pg

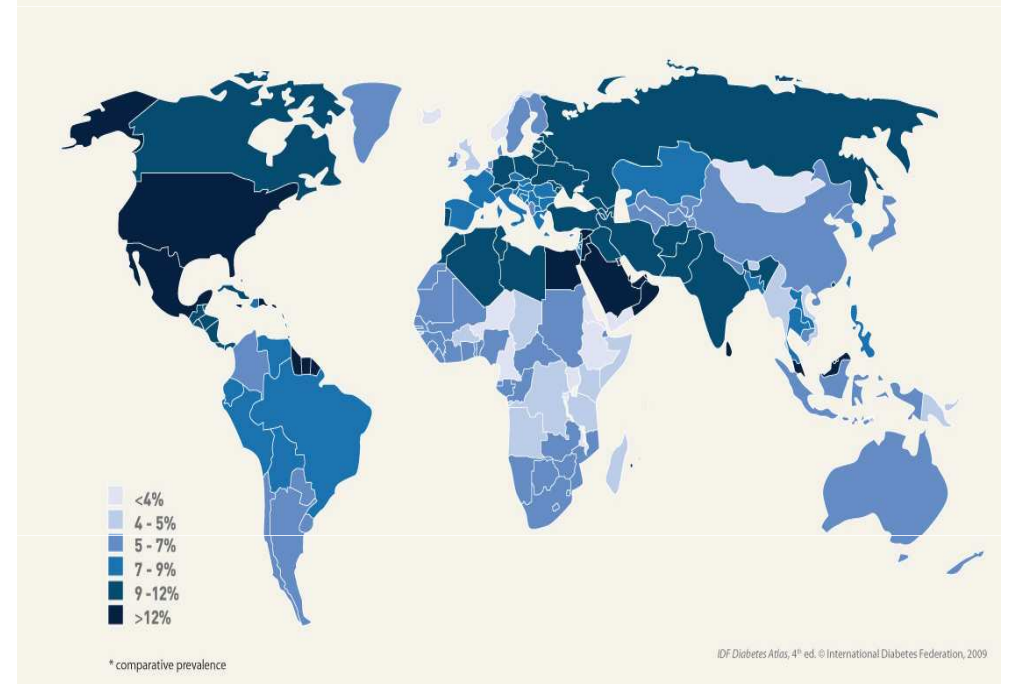
# Diabetes in Asien

# Diabetesprävalenz 2010 vs. 2030

MAP 2.1 Prevalence\* (%) estimates of diabetes (20-79 years), 2010



MAP 2.2 Prevalence\* (%) estimates of diabetes (20-79 years), 2030



# Diabetesprävalenz in Sri Lanka

Table 2. The measured prevalence rates from Sri Lankan and Indian studies

<i>Year</i>	<i>1989</i>	<i>1993</i>	<i>1994–1995</i>	<i>2000</i>	<i>2003 &amp; 2004</i>	<i>2005</i>
Sri Lankan prevalence (%)		2.5 [4] (Rural)	5.02 [5] Males 5.8 [6] (Suburban)	6.5 [7] (Suburban)	8.5 [8] (Rural)	Males 13.5 Females 14.2 [9] (Island wide)
Indian rural (%)	2.2 [16]				6.36 [16]	
Indian urban (%)		8.3 [15]	11.6 [15]	13.90 [15]	8.6 [15]	

# Komplikationen bei Erstdiagnose

-n = 597, Alter 42,3 +- 6,2 Jahre-

**Table 1** Prevalence of complications

	Men	Women	Total
Number	396	201	597
Abnormal ECG (%)*	102 (25.7)	59 (29.3)	161 (26.9)
Hypertension (%)	97(24.4)	40 (19.9)	137 (23%)
Stroke (%)	20 (5)	11 (5.4)	31 (5.1)
Myocardial infarction (%)	31 (7.8)	13 (6.4)	44 (7.3)
Intermittent claudication (%)	21 (5.3)	7 (3.4)	28 (4.6)
Neuropathy (%)	107 (26.9)	44 (21.8)	151 (25.2)
Retinopathy (%)	54 (13.6)	37 (18.4)	91 (15.2)

\*Coronary possible and probable.

# Diabetesinzidenz UK

**Table 3 | Crude and age standardised incidence of type 2 diabetes per 1000 person years**

	Women		
	Person years	Crude rate	Age standardised rate (95% CI)
<b>Townsend fifth</b>			
1 (most affluent)	2 080 246	3.07	3.00 (2.93 to 3.08)
2	1 789 575	3.52	3.44 (3.35 to 3.52)
3	1 669 677	4.25	4.19 (4.09 to 4.29)
4	1 553 816	5.03	5.17 (5.05 to 5.28)
5 (most deprived)	1 259 406	5.81	6.39 (6.25 to 6.54)
<b>Ethnicity</b>			
White/not recorded	8 176 581	4.16	4.13 (4.08 to 4.17)
Indian	31 535	6.41	7.90 (6.73 to 9.08)
Pakistani	18 735	8.49	11.19 (9.16 to 13.21)
Bangladeshi	6 683	11.37	18.20 (12.93 to 23.47)
Other Asian	13 056	3.45	6.08 (2.73 to 9.44)
Caribbean	36 205	5.72	7.35 (6.28 to 8.43)
Black African	28 670	3.52	5.99 (4.54 to 7.44)
Chinese	9 547	3.35	5.40 (3.2 to 7.6)
Other	31 708	3.56	5.91 (4.51 to 7.3)

# QRISK-Risikorechner

Im Internet:  
[www.qrisk.org](http://www.qrisk.org)

About you

Age:

Sex:  Male  Female

Ethnicity:

Leave blank if unknown

Postcode:

Clinical information -- check those that apply

Diabetic?

Had a heart attack, angina, stroke or TIA?

Angina or heart attack in a 1st degree relative < 60?

Current smoker?

Chronic kidney disease?

Atrial fibrillation?

On blood pressure treatment?

Rheumatoid arthritis?

Leave blank if unknown

Cholesterol/HDL ratio:

Systolic blood pressure (mmHg):

Body mass index

Weight (kg):

Height (cm):

Calculate risk over  years.

# Kritik/Literaturwünsche

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Vielen Dank für Ihre Aufmerksamkeit!