

cardiac disease. This finding should thus be considered hypothesis-generating and future studies that examine this idea may be warranted.

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Comparison of blood lipid levels of people of Armenian and non-Armenian origin living in Istanbul, Turkey

İstanbul'da yaşayan Ermeni kökenli olan ve Ermeni kökenli olmayan toplumların lipid profili yönünden karşılaştırılması

In recent years, blood lipid profiles or risk factors for atherosclerotic cardiovascular diseases (ACD) of several minority groups living in a country were compared with those of the main ethnic group of that country (1). One of two major studies addressing blood lipid levels and other risk factors in the Turkish population is Turkish Heart Study and the other one is Turkish Adult Risk Factor Study (2, 3). However, studies are scarce examining lipid levels of Turkish citizens of different ethnic origin. One of such ethnic minority groups is Armenians and about 100.000 Armenians live in Turkey and majority of them live in Istanbul. Literature search in Medline/Pubmed and Embase databases using key words of "Armenia, Armenians, lipid profile, Armenian population, cardiovascular risk factors" revealed a limited number of studies published in English language (4).

The aim of this study is to compare lipid levels of Turkish citizens of Armenian origin people living in Istanbul and Turkish citizens of non-Armenian origin living in the same region. Three hundred and four (174

female, 130 male) Turkish citizens of Armenian origin who were living in Istanbul (Group 1) and 157 (82 female, 75 male) Turkish citizens of non-Armenian origin who were living in same region (Group 2) were included in the current study. Those who were less than 20 years old and more than 79 years old, and those with family history of marriage between different ethnic groups were excluded from the study. We did not perform genetic analysis in the Armenian minority for their ethnic origin. More importantly, the results obtained from the present study are not new and it does not change the lipid management policy in that ethnic group. However, the finding that, in spite of a higher prevalence of hypercholesterolemia (HC) (45% vs. 38%, p=0.042), hypertension (32% vs. 18%, p=0.018), and obesity (34% vs. 22%, p=0.024), the prevalence of cardiovascular and cerebrovascular events in Armenian Turkish people is entirely similar to non-Armenian others is quite impressive. By the way, with a higher prevalence of HC, hypertension, and obesity according to results, Armenian individuals should also have a higher prevalence of the metabolic syndrome (38% vs. 26%, p=0.034). Cardiovascular and cerebrovascular events are not significantly different between the two groups, and the overall prevalence of arterial events is quite low that considering the high risk profile of this population. Probably, this result was secondary to the young mean age (56±17 year for Armenians vs. 57±16 year for non-Armenians; p=0.245) of the enrolled subjects and was limited our study.

In conclusion, we consider that this difference in lipid profile is due to different eating habits and genetic properties of population of Armenian and non-Armenian origin. In fact, it was learned that eating habits were more variable in the population of non-Armenian origin although foods contain fat and red meat and foods fried in the oil prevailed in population of Armenian origin.

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