



University of California, San Francisco
Northwestern University

MASALA PULSE

The Official Newsletter of the MASALA Study
<http://www.masalastudy.org>



Dear MASALA
Participants,

Thank you so
much for
participating in
the MASALA
study. We have
just finished
recruitment for
the study,

reaching our goal of 900 participants
enrolled. Once we analyze the data from
all of our participants, we plan to discuss
the results in community forums in the San
Francisco Bay Area and greater Chicago
community. This will also be an
opportunity for you to ask us questions
and bring your family and friends.

We will send you event information once
we have it. We began study recruitment in
October 2010 at UCSF and in November
2010 at Northwestern University. The
devoted MASALA study team has spent
the past 30 months working hard to ensure
the success of this study. We will continue

calling you on a yearly basis to get an
update on your health and really appreciate
your time and willingness to continue to
remain engaged in the MASALA study.

The MASALA study aims to determine
what causes heart disease and other
health problems in the South Asian
community. The only way to understand
how we can prevent heart disease is to
know what causes it. We have
submitted several more grants that will
continue to build upon what we have
learned already from the MASALA
study. If these grants are funded, we
will conduct a second clinical study
visit in 2014-2015. We are hopeful that
the National Institutes of Health will
continue to support the MASALA study
so we can continue to advance
knowledge about the causes of heart
disease in South Asians. We will
update you on our progress with these
grants and what the focus of our
second clinical examination will be.

Thank you for your participation and

interest in the MASALA study! Please
contact us with any updates about your
health. We hope to see you at one of
the community talks this summer and
then again for a study examination in
2014!

With warm wishes,
Alka Kanaya, MD
MASALA study, Principal Investigator



Future Collaborations with India

Drs. Kanaya and Kandula went to New Delhi in February 2013 to participate in a workshop about diabetes in South Asians. The US government (National Institutes of Health) and the Indian government (Indian Council of Medical Research) have prioritized diabetes as an area for collaborative studies. We presented data from the MASALA study and met Indian scientists who are interested in working together on new studies to help prevent diabetes in South Asians. We look forward to new meaningful studies with Indian colleagues in the near future.



1. **Please call us if you have a major change in your health status, a new address, or a new phone number**, if you were recently in the hospital, or if you underwent a serious outpatient medical test.
2. **Please take part in our phone interviews.** If we don't reach you and we leave a message, please call us back.
3. We sometimes send you forms asking you to give MASALA permission to collect your medical records from hospitals and doctors' offices. **Please quickly return those forms**, so we will be able to get records MASALA needs for its research.

To contact the UCSF clinic, call 415-236-2725
To contact the Northwestern clinic, call 312-841-1967

Spotlight on Our Study Staff



Yasin Patel
Research Coordinator
Northwestern University

I am currently a second-year Master in Public Health (MPH) graduate student at the University of Illinois at Chicago (UIC). As an undergraduate, also at UIC, I completed a major in Biological Sciences and a minor in English literature.

My interest in public health research was nurtured by my experiences working directly with minority communities in Chicago and by my curiosity to explore health using a broader perspective.

I was born in Gujarat, India and moved to Chicago with my family when I was 10 years old. Like many other recent immigrant families, my family chose to live in the West Ridge neighborhood – simply known as “Devon” to many South

Asians – so that they would not feel too out-of-place and can slowly adjust to a new culture and a new country.

Prior to working on the MASALA study, I spent many years working in the social services sector as a volunteer, adult educator, program coordinator, and an advocate. Some of this time included working in the Devon community where I grew up.

Coupled with my background in the life sciences and my experiences working with minority communities, I was able to recognize the impact social and behavioral factors have on our health. Working on the MASALA study is an excellent opportunity as we explore how South Asians’ social and behavioral factors, amongst other things, impact their risk of heart disease and stroke.

When I am not working or attending classes, I enjoy exploring Chicago through my camera, discovering ethnic eateries with friends, and reading. Recently, recognizing I did not know much about India’s history beyond the basics, I just finished a biography on Indira Gandhi and recently started reading Mahatma Gandhi’s *“An Autobiography: My Experiments with Truth.”*

Salt

High blood pressure (hypertension) is common in the MASALA study. 41% of people in the study have high blood pressure, which is higher than most all other groups, such as Whites, Chinese, and Hispanics. High blood pressure damages the heart and blood vessels, leading to a heart attack, kidney failure, or stroke.

High blood pressure is a result of behaviors, genetics, and environment. Eating too many salty foods can create health problems, including high blood pressure. On average, adults in the United States eat more than 3,400 milligrams of **sodium** (salt) daily- more than double the American Heart Associations’ recommended limit.

The recommended sodium intake is 1500 mg per day. It is not just French fries

and potato chips that have extra salt. **Here are some common foods that have extra salt:**

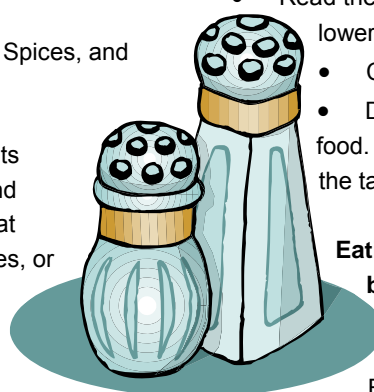
1. Bread
2. Pizza
3. Soup: one cup of soup can have up to 940 mg of sodium!
4. Vegetable juices
5. Sandwiches
6. Packaged Masala, Spices, and Seasonings
7. Cheese
8. Cold cuts/Deli Meats
9. Restaurant food and packaged foods that come in bags, boxes, or cans.

Look at the labels on some of the packaged items in your freezer or cabinet and see how much sodium they have *per serving*.

You will be surprised!

How can you lower your sodium (salt) intake?

- Limit processed, packaged, and restaurant foods.
- Look for foods that are “lower sodium” or “lower salt.”
- Read the labels on foods and find lower sodium varieties.
- Cut down on the portion size.
- Do not add extra salt to your food. Remove the salt shaker from the table.



Eating less salt can help lower blood pressure and help you feel better.

For more information on sodium and nutrition visit: www.heart.org/sodium or www.heart.org/nutrition.

Diabetes in South Asians:

What do we know and what can we do about it?

Type 2 diabetes is common in South Asians with most of us knowing several family members and friends who are affected. Our preliminary results from the MASALA study show that about 25% of our participants have diabetes and another 35% have pre-diabetes. This is higher than the rates in India currently: 20% of Indians living in urban cities have diabetes and about 15% living in rural areas have diabetes. These rates have dramatically increased since about a decade ago. Currently, India is projected to have the most number of diabetes cases worldwide by 2030.

Why is this so?

There are some of the reasons why South Asians have such high rates of diabetes:

- Low levels of physical activity and excessive calorie intake.
- Depositing fat in all of the wrong places: in the liver, around the intestines, in the muscles and not under the skin.
- Infants are born low in weight but still have excessive amounts of fat tissue in the body.
- increase the number of fruits and vegetables you eat to >5 per day;
- avoid rich sweets and desserts;
- eat more vegetable sources of proteins: daals, beans (kidney and garbanzo beans), grains (barley, quinoa, wheat germ, millet), nuts and seeds (almonds, walnuts, sesame seeds, sunflower seeds)
- reduce portion size
- eat earlier in the day, no late night meals—eat dinner at least 3-4 hours before bedtime
- Stress relief: try relaxation exercises such as gentle yoga, meditation, pranayama

What can you do about this?

The key is to prevent the onset of diabetes. If you were told that you had pre-diabetes or borderline diabetes after your MASALA study visit, this is the time for you to make healthy lifestyle changes to prevent diabetes. Studies show that losing 7% of your body weight can reduce the risk of developing diabetes by half.

- Start walking daily: at least 30 minutes per day has been shown to lower diabetes risk.
- Make dietary changes: limit the starchy foods in your diet (white rice, potatoes, pasta)

If you have diabetes:

All of the above lifestyle changes will improve your blood sugar levels and may delay your need for medications. In addition to this, remember to see your physician regularly to monitor your glucose control, blood pressure, cholesterol levels, and kidney function. You will need annual eye exams and need to take good care of your feet to avoid infections and ulcers. <http://www.cdc.gov/diabetes/prevention/>



Salad Recipe

Makes 8 servings

Serving size: about 2 cups

Ingredients:

- 2 cups cooked chickpeas (can substitute other beans)
- 2 5oz bags of mixed salad greens, finely chopped
- 2 tomatoes, diced
- 2 cucumbers, diced
- 2 carrots, grated
- ½ bunch fresh cilantro, finely chopped
- 2 green chilies, diced
- 1 red bell pepper, diced
- 1 pomegranate
- ¼ cup olive oil
- 1 teaspoon salt
- 2 tablespoons mustard seed
- 2 tablespoons cumin seed
- 1 dried curry leaf
- 1 tablespoon asafetida

1. Put olive oil in a large frying pan with mustard seeds, cumin seeds, asafetida, and dried curry leaf. Turn the heat up to medium and wait for the seeds to start sizzling.
2. When the mustard seeds begin to pop, pour the oil and seeds in a separate bowl.
3. Add salt, chickpeas, mixed greens, tomatoes, cucumber, carrots, cilantro, chilies, peppers, and pomegranate and toss to combine.

Per Serving: 200 cal, 9g fat, 6g protein, 324mg sodium, 26g carbs (7g fiber, 9g sugar)



UCSF and Northwestern University
Mediators of Atherosclerosis in South Asians Living in America (MASALA) Study
1635 Divisadero Street, Suite 600
San Francisco, CA 94115
<http://www.masalastudy.org>



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