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INTRODUCTION

Immigrants make up the largest share of the population in Canada, and one in four Canadians has come to the country as an immigrant. The high level of immigration has resulted in significant ethnic diversity in Canada, and each presents with a cardiovascular disease (CVD) risk profile unique to their ethnicity and country of birth.

METHODS

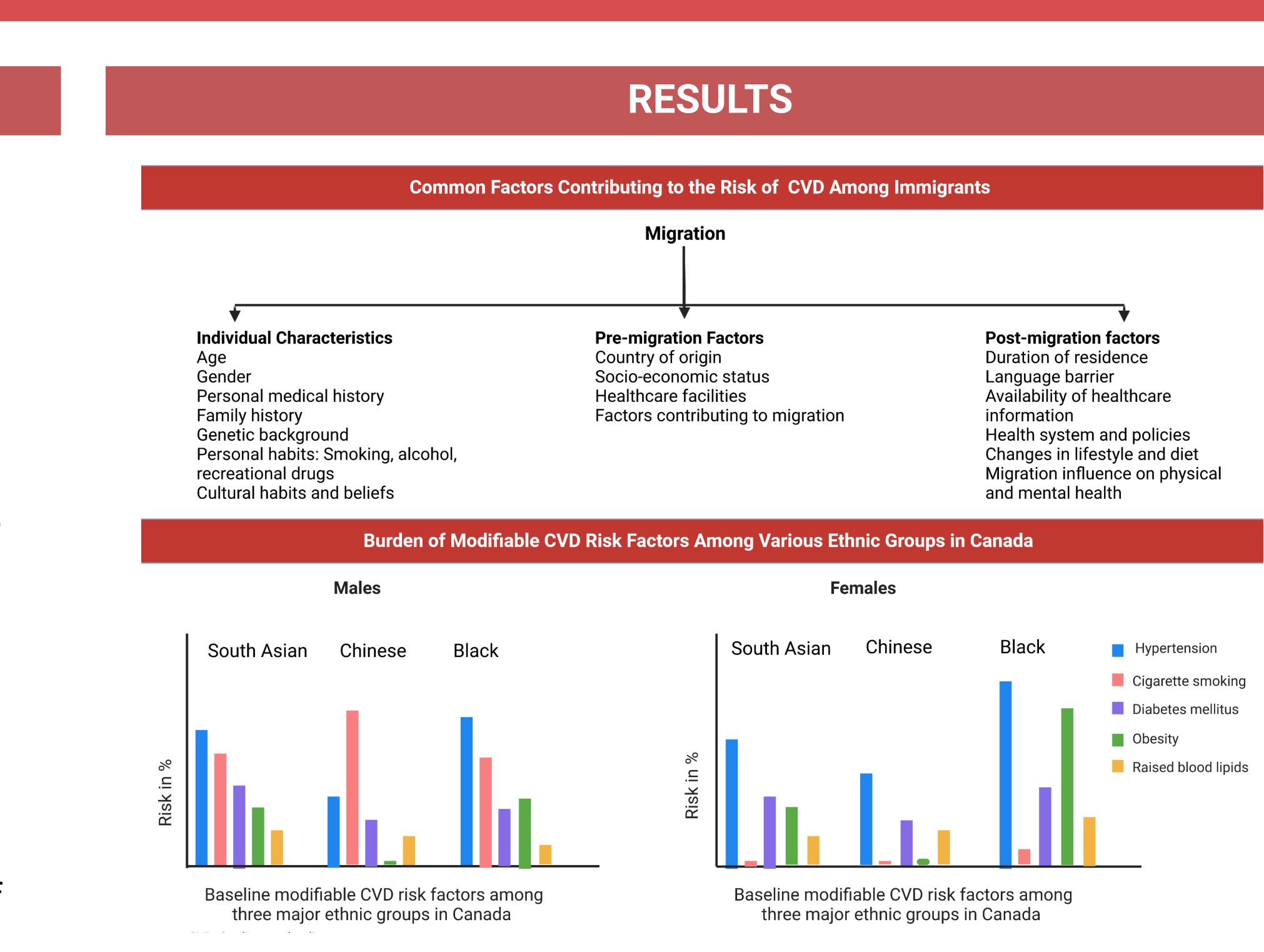
- We performed a literature search of six electronic databases, including the grey literature sources of conferences, reports, and theses and dissertations from January 2000 until May 25, 2023.
- We included pertinent English language literature that summarized the evidence on ethnic differences in CVD risk and mortality among immigrants of the following ethnic groups in Canada: South Asian (East Indian, Pakistani, Sri Lankan), Chinese, Black, Latin American, Southeast Asian (Vietnamese, Cambodian, Malaysian), West Asian (Iran, Afghan), Arab, Korean, Japanese, and Filipinos.

Understanding Ethnic Differences In the Risk of Cardiovascular Events and Mortality Among Immigrants In Canada: A Scoping Review

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RESULTS

- Of the 9968 studies identified, 47 studies formed the basis of the review.
- Four overarching themes of CVD risk were found, comprising individual characteristics, ethnic differences, gender-related risks, and duration of residence in Canada.
- Among the different ethnic groups, South Asians had the greater risk of cardiovascular events, in which males had a striking difference in mortality of (42%) compared to females (29%), whereas East Asians had the least risk.
- No significant difference in the incidence of CVD was reported with the duration of residence between varied ethnic groups.
- However, East Asians showed a notable exception, with an increase in the incidence of CVD after 10 years of stay in Canada by 40% and 60% among males and females, respectively.



CONCLUSION

Ethnic inequalities in CVD attributes to a combination of modifiable and non-modifiable risk factors, and this disparity in CVD incidence can be tackled by targeting interventions according to ethnic differences in risk profiles.

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