



Letter to the Editor

Opportunities and future directions for cardiometabolic disease prevention in second generation South Asian Americans

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To the Editors,

We appreciate the response of Parikh and colleagues to our analysis of cardiovascular disease (CVD) risk factors in second generation South Asian Americans in the Mediators of Atherosclerosis in South Asians Living in America (MASALA) study.¹ We concur that important patterns in risk factors are seen across generation categories, but our findings are limited by sample size. Our colleagues emphasize an important need to measure and identify multi-level factors that may contribute to generational differences in CVD risk among U.S. South Asians.

In the U.S., the MASALA study is the only community-based longitudinal cohort of South Asian adults, which has supported critical insights into environmental, sociocultural, and clinical contributors to CVD risk in older South Asian individuals.² Yet, South Asians experience relatively early onset CVD,³ and prevention earlier in life is indeed of “paramount importance,” as Parikh and colleagues state. No study has characterized the second-generation South Asian American population. To address this evidence gap, this year we are launching MASALA-2G (“Multi-level Assessment of the South Asian Life-course of Atherosclerosis - 2nd Generation Offspring Study”), an offspring cohort of second-generation young adult children of MASALA participants.

As the armamentarium of CVD prevention strategies grows – e.g., novel pharmaceuticals, digital/wearable technology, and genetic risk assessment – evidence for these strategies in U.S. South Asians lags. Emphasizing community engagement and focusing beyond simply description toward implementation, MASALA-2G aims to identify environmental, socioeconomic, sociocultural, interpersonal and inter-generational, psychosocial, behavioral, and individual genetic contributors to CVD risk among second generation South Asian Americans, to guide adaptation of prevention

strategies for this risk-enhanced group. With a view to understand optimal clinical and community prevention in this population, we maintain that it is not too late to focus on prevention in second generation South Asian Americans – and over the life-course, it is almost certainly never too early.

Declaration of competing interest

None.

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