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Asians, Europeans need different doses for same condition

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Dietary and lifestyle differences may explain why South Asians and Europeans require different doses of drugs to treat similar conditions.

Vidya Perera, final year pharmacy doctoral student at the University of Sydney, has found that people from South Asia could manage with lower drug doses because of lower levels of CYP1A2, an enzyme that metabolises drugs.

“Vegetables such as cabbage, cauliflower and broccoli are known to increase levels of CYP1A2,” according to a Sydney statement.

“The lower levels of CYP1A2 in South Asians, however, appears to be due to the common practice of cooking these vegetables, using ingredients such as cumin and turmeric, ingredients known to inhibit the enzyme,” explained Perera.

“This is the first study to look at CYP1A2 activity in South Asians. Understanding the correct dose of a medicine is crucial to achieving beneficial results and avoiding adverse drug reactions,” she said.

The study involved 166 South Asians and 166 Europeans. CYP1A2 levels were measured by giving them a caffeine tablet, and analysing its activity in saliva samples four hours later.

“The highest population growth is occurring in South Asia, yet we know relatively little about how to translate research findings between different populations of people,” said Andrew McLachlan, professor at Sydney University and Perera’s supervisor.

Perera presented his research at the AusBiotech 2011 in Australia.