

Letter to the Editor

Caucasian or White Phenotype?

The term Caucasian is frequently employed to describe a white individual. Caucasian is used as a synonym for a group of people that share the common character of whiteness. It is frequently used by distinguished researchers when they analyze the differences between various ethnic groups in relation to a phenomenon they have studied. According to the definitions given by *The American Heritage Dictionary of the English Language*, "Caucasus or Caucasia is a region between the Black and Caspian seas that includes Russia, Georgia, Azerbaijan, and Armenia." Caucasian relates to the Caucasus region or its peoples, languages or cultures. It also refers to a major human racial division traditionally distinguished by physical characteristics such as very light to brown skin pigmentation and straight to wavy or curly hair, and including peoples indigenous to Europe, Northern Africa, Western Asia, and India. Thus there are dark and curly haired Caucasians, as there could be very white, light-eyed Latinos or very light to dark skin in other groups. I believe that what scientists who use the term Caucasian are trying to say is that the term refers to a Caucasian, especially of Nordic type or, at least, as defined by the dictionary, "White: A member of a racial group of people having light skin coloration, especially one of European origin." If so, why abandon the term white?

The term Caucasian may intend to reduce a great number of phenotypes into a group that shares other characteristics as well. In a superb, well documented article the significance of the term phenotype is discussed.¹ The current definition of phenotype is: "the complete observable characteristics of an organism or group, including anatomic, physiological,

biochemical, and behavioral traits, as determined by the interaction of both genetic makeup and environmental factors." One realizes that an external character cannot imply, by itself, a necessary similarity between two or more individuals or groups. As the authors state, "The interaction of genes and the environment has the potential to produce a myriad of phenotypes." For example, is it not true that among the Caucasian population in the world there are those who differ greatly in skin hues, ethnicity, and genetic factors? On the other hand a white skinned, light-eyed Latino (or Hispanic as the US Census classifies) may have the appearance, genetic background, behavioral traits, and environmental influences of a Caucasian. If it is melanin that determines the grouping, why not just use the term white?

Cesar Chavarria, MD
Mexico City, Mexico

Reference

1. Catalano PM, Thomas A, Huston-Presley L, Amini SB. *Diabetes Care*. 2007;Supplement 2:156-60.

Editor's Response: *Dr. Chavarria makes a good case to cease using the term Caucasian in describing white patients. The AMA Manual of Style states, "Racial categories should not be used automatically. Authors should explain and justify racial designators. Caucasian is occasionally used to indicate white but is technically specific for people from Caucasus region and thus should be avoided." For several years GGH has used the term white. Unfortunately, the classification of Hispanic and Latino is far more complicated and controversial.*

Fima Lifshitz, MD

REVIEWS & COMMENTS FROM THE LITERATURE

Dosing of Growth Hormone Therapy According to IGF Levels

Cohen and colleagues conducted a 2-year, open-label, randomized, insulin-like growth factor (IGF)-I concentration-controlled trial, administering varying doses of growth hormone (GH) to test whether IGF-I levels achieved during GH therapy are determinants of the growth responses to GH treatment. The 172 subjects (77% male) were pre-pubertal children (mean age 7.53 years) with short stature (mean height SDS -2.64, mean IGF-I SDS -3.56). Subjects were randomized to receive GH treatment following one of 3 regimens: (1)

conventional GH dosing based on the patient's weight (40 mcg/kg/d, n=34); (2) regularly adjusted GH doses to achieve an IGF-I SDS of -0.5 to +0.5 (IGF_(low) group, n=70) or; (3) regularly adjusted GH doses to achieve an IGF-I SDS of +1.5 to +2.5 (IGF_(high) group, n=68). Groups did not differ significantly on demographic or baseline variables such as height, IGF-I levels, peak GH, or bone age.

Baseline data collected included concomitant illness and medications, physical examination, funduscopy, height, weight, determination of IGF-I, pubertal staging,