and triglyceride levels in white Europeans and to a lesser extent South Asians; opposite patterns were observed in black African-Caribbeans (likelihood-ratio tests for interactions between NS-SEC and ethnicity, all p<0.05). There were marked ethnic differences in diabetes risk markers. Compared to white Europeans, South Asian children had higher fat mass index (% difference 7.3; 95% CI 2.8 to 12.0), sum of skinfolds (5.1; 1.1, 9.4), HbA1c (2.1; 1.6, 2.7), glucose (0.8; 0.2, 1.5), insulin resistance (29.6; 23.1, 36.4), triglycerides (12.9; 9.4, 16.5) and C reactive protein (43.3; 28.6, 59.7) and lower HDL-cholesterol (−2.9; −1.3, −4.5). In contrast, black African/Caribbean children had less marked increases in HbA1c, insulin resistance and C reactive protein but conversely, had lower triglycerides and higher HDL-cholesterol; adiposity levels were not consistently increased. However, adjustment for socio-economic position had no material effect on the ethnic differences in metabolic markers observed.

Conclusions Although socio-economic position showed little overall association with diabetes risk markers in this multi-ethnic study population, there were appreciable associations within individual ethnic groups. Ethnic differences in socio-economic position did not explain marked ethnic differences in emerging risks of type 2 diabetes between South Asians, black African-Caribbeans and white Europeans; other explanations for these ethnic differences should be sought.