METABOLIC SYNDROME

In medicine, it is always interesting to see what symptoms a patient presents with, attempt to figure out the underlying causes, and how to alleviate the problem. A fact not talked about much in medicine until late, is the prognostic aspect – seeing through the diagnosis to what may lay ahead for the patient given family and personal history, lifestyle, etc. There are so many directions to go with people’s health, especially positively, if a patient can work together with his or her physician to find the best ways to stay healthy.

Metabolic syndrome (also called insulin resistance syndrome) is one of these diseases not talked about much, but seen all too often in clinics. In fact, according to the latest estimates by the American Heart Association, over 50 million Americans have it. The fact that it is a syndrome means that the patient has many metabolic risk factors all at once including some that can lead to a host of other related diseases.

RISK FACTORS

- Abdominal obesity (excessive fat in and around the abdomen). There is actually more risk from the fat tissue internally around organs than externally.
- High blood pressure
- Insulin resistance or glucose intolerance (in other words, the body can’t use insulin or blood sugar)
- Pro-inflammatory state (elevated C-reactive protein in the blood)

Patients with metabolic syndrome find themselves at increased risk for heart disease, stroke, and peripheral vascular disease. These patients are also at risk for type-2 diabetes. Therefore, this syndrome is not to be taken likely.

But how do you know if you are at risk, or already have metabolic syndrome? The dominant risk factor is abdominal obesity – the tendency to accumulate fat deposits in the midsection. Another dominant risk factor is insulin resistance. Some people are genetically predisposed to insulin resistance, but physical inactivity, excessive body fat, aging, and hormone imbalance are other factors doctors consider when making this diagnosis. Another evolving concept is to consider abdominal fat an organ, which wreaks havoc on the body and causes inflammation along with affecting hormone levels.

HOW IS METABOLIC SYNDROME DIAGNOSED?
The American Heart Association and the National Heart, Lung, and Blood Institute recommend that metabolic syndrome be identified as the presence of three or more of the following criteria:

- Elevated waist circumference
  - Men – equal to or greater than 40 inches
  - Women – equal to or greater than 35 inches
However, the criteria for waist circumference is different for those of Asian descent.

- Elevated Triglycerides
  - Equal to or greater than 150 mg/dL
- Reduced HDL (“good cholesterol”)
  - Men – less than 40 mg/dL
  - Women – less than 50 mg/dL
- Elevated blood pressure
  - Equal to or greater than 130/85 mm Hg
- Elevated fasting glucose
  - Equal to or greater than 100 mg/dL

Most of these diagnostic factors appear through simple blood tests, routine blood pressure exams, and looking at weight and the Body Mass Index (BMI) of the individual patient. If some of the risk factors seem familiar, it is because many of the risk factors for diabetes, coronary artery disease, and stroke are similar.

**HOW IS METABOLIC SYNDROME MANAGED?**

Our primary goal with the clinical management of this syndrome is to reduce the risk of cardiovascular disease and type-2 diabetes. Therefore, we tend to treat this two ways, as a team with the patient. We aim to reduce LDL cholesterol levels, lower blood pressure and glucose levels to healthy norms. We accomplish this through clinical management, including pharmaceuticals such as statin drugs, niacin, phenofibrates to lower triglycerides levels and in some instances, oral diabetic agents can be used. However, a patient is always encouraged to take hold of his or her health, and a physician can help people make important lifestyle changes that can severely reduce risk factors for this and other serious, life-threatening diseases.

**LIFESTYLE CHANGES THAT HELP**

Stop smoking. This is a difficult addiction, but there are many treatments and programs to help one quit, for good. Just this one change can add healthy years to your life, and allow your lungs, heart and other organs to regain health.

Weight loss. We all want to look great in a swimsuit, but more importantly, we all need to achieve maximum health. A patient’s BMI should optimally be less than 25. Your physician can help measure this for you, and suggest ways to achieve a healthy weight.

Increased physical activity. The goal here is at least 30 minutes of moderate exercise 3-6 days per week. Find something that you enjoy, and enlist friends to exercise with you. This helps keep you interested in exercise, decreases stress levels, and increases joy – which is advantageous to everyone’s health.

A healthy diet, low in saturated fats, trans fats, and cholesterol. A doctor or nutritionist can help find what works for you.

I want to emphasize most of all that despite the seriousness of this syndrome, with certain lifestyle changes and physician’s care, many diseases can be avoided. With every patient, with every person, I encourage us all to know the basics of our health at all times:
• Blood pressure
• Weight
• Cholesterol: combined, LDL, and HDL
• Family history
• Medications taken

If we all work toward a more knowledgeable view of our health, we can all take our health to heart.

Listen to Dr. Galichia’s Radio Show – “Take Your Health to Heart” every Saturday from 11 AM to Noon on 1480 KQAM in Wichita. If you have any medically related questions, please call us during the LIVE broadcast at 1-800-TALK-997 or 1-800-825-5997. You can also e-mail your questions anytime to GalichiaRadio@Galichia.com. We would love to hear from you!!

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