

How is the metabolic syndrome diagnosed?

There are no well-accepted criteria for diagnosing the metabolic syndrome. The criteria proposed by the Third Report of the National Cholesterol Education Program (NCEP) Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III) are the most current and widely used.

According to the ATP III criteria, the metabolic syndrome is identified by the presence of three or more of these components:

Which component below is false?

- ? Central obesity as measured by waist circumference:
Men - Greater than 40 inches
Women - Greater than 35 inches
- ? Fasting blood triglycerides greater than or equal to 150 mg/dL
- ? Blood HDL cholesterol:
Men - Less than 40 mg/dL
Women - Less than 50 mg/dL
- ? Blood pressure greater than or equal to 130/85 mmHg
- ? **Fasting glucose greater than 126mg/dL**

The ATP III panel did not find evidence to recommend routine measurement of insulin resistance (e.g. increased fasting blood insulin), prothrombotic state or proinflammatory state.

AHA Recommendation

More studies are needed to understand the relationship between metabolic risk factors and the efficacy of drug therapy in people who have the metabolic syndrome.

To gain the most benefit from modifying multiple metabolic risk factors, the underlying insulin resistant state must become a target of therapy. **The safest, most effective and preferred way to reduce insulin resistance in overweight and obese people is weight loss and increased physical activity.**

Other steps for managing the metabolic syndrome are also important for patients and their doctors:

- ? Routinely monitor body weight (especially the index for central obesity), blood glucose, lipoproteins and blood pressure.
- ? Treat individual risk factors (hyperlipidemia, hypertension and high blood glucose) according to established guidelines.
- ? Carefully choose anti-hypertensive drugs because different agents have different effects on insulin sensitivity.