The Endocrine Society's Recommended Criteria for Metabolic Risk

Clinical measure	Any three of these five elements
Waist circumference	≥ 102 cm for men or ≥ 88 cm for women (non-Asian); ≥ 90 cm for East Asian and South Asian men or ≥ 80 cm for East Asian or South Asian women
Fasting triglycerides	150 mg/dL or higher, or patients taking medication for high triglycerides
HDL cholesterol	HDL < 40 mg/dL in men or < 50 mg/dL in women, or patients taking medication for low HDL
Blood pressure	130 mm Hg systolic or higher; or 85 mm Hg diastolic or higher, or patients taking medication for hypertension
Fasting glucose	100 mg/dL or higher, or patients taking medication for elevated glucose

Note: The Endocrine Society recommends the American Heart Association/National Heart, Lung, and Blood Institute's criteria for metabolic syndrome as a screening tool to reduce risk for cardiovascular disease and type 2 diabetes.
Sources: The Endocrine Society, AHA/NHLBI

Strategy Eyes Heart Disease And Diabetes

BY HEIDI SPLETE
Senior Writer

ELSEVIER GLOBAL MEDICAL NEWS

A new clinical practice guideline from the Endocrine Society provides strategies for keeping type 2 diabetes and cardiovascular disease at bay in adults with metabolic syndrome.

"This guideline focuses on [those] with the components of the metabolic syndrome who do not yet have diagnosed cardiovascular disease or type 2 diabetes mellitus, and on the steps that can be taken to prevent these two diseases," the guideline authors said in an introductory statement.

Health care providers are urged to make metabolic risk reduction part of their regular practice by measuring waist circumference, blood pressure, fasting lipid profiles, and fasting glucose as part of every routine clinical visit. (See table.)

If patients approach or fall into the at-risk category for any of these measures, they should be counseled on how to reduce their disease risk with lifestyle management, including a healthy diet, adequate exercise, and weight loss if needed.

The guideline appeared in print in the Journal of Clinical Endocrinology and Metabolism and is now available online at www.endojournals.org.

It defines metabolic risk as the risk for CVD and type 2 diabetes based on several elements, including elevated triglycerides, reduced HDL cholesterol, increased plasma glucose levels, hypertension, enlarged waist circumference, a prothrombotic state, and a proinflammatory state.

It also recommends a global risk assessment for signs on cardiovascular and coronary heart disease every 10 years for patients meeting the criteria for metabolic risk. The LDL cholesterol measure should be used to target lipoprotein-lowering therapy if lifestyle modification has been insufficient.

Patients meeting criteria for prediabetes based on measurements from a routine visit should be screened for diabetes at 1- to 2-year intervals using a fasting plasma glucose test or a 2-hour oral glucose tolerance test.

The society suggests that physicians screen for metabolic risk factors using the American Heart Association/National Heart, Lung, and Blood Institute definition at each clinical visit. "The finding of three or more components especially should alert the clinician to a patient at metabolic risk," the guideline states.

The guideline should not be considered inclusive or exclusive of other approaches to care, the authors noted.

Dr. James L. Rosenzweig of Boston University, chair of the task force that developed the guidelines, stated that he had no financial conflicts to disclose. Other members of the task force had no financial interests to disclose, but they have served on speakers bureaus for multiple pharmaceutical companies including Novartis, Pfizer Inc., Merck & Co., and GlaxoSmithKline. ■