



**SUMMARY PAPER OF
AHA/NHLBI SCIENTIFIC STATEMENT:
DIAGNOSIS AND MANAGEMENT OF THE
METABOLIC SYNDROME EXPERT COMMENTARY**

Summary paper of AHA/NHLBI scientific statement: Diagnosis and management of the metabolic syndrome expert commentary

The Executive Summary of a scientific statement from the American Heart Association (AHA) and the National Heart, Lung, and Blood Institute (NHLBI) recently published was intended to provide support for clinicians in the diagnosis and treatment of metabolic syndrome.

The existence of such a syndrome has recently been debated. Is it a syndrome or just a cluster of risk factors? Is there merit in using the term metabolic syndrome? One must consider that there are approximately 47 million individuals in the US who meet the criteria for metabolic syndrome. Obesity is becoming a pandemic and the incidence of new onset type 2 diabetes continues to increase. Prospective population studies have revealed that people with metabolic syndrome criteria may have as much as a two-fold increased risk of cardiovascular disease events and a five-fold increased risk in developing type 2 diabetes. Other conditions associated with metabolic syndrome include physical inactivity, aging, hormonal imbalance, and genetic or ethnic predisposition, all of which contribute to an increase in the risk of developing diabetes and/or cardiovascular disease.

There is therefore clear merit in identifying risk factors and using metabolic syndrome criteria to rapidly recognize at-risk patients, such as those at risk for future atherosclerotic cardiovascular disease (ASCVD) and type 2 diabetes mellitus. Once the identification step complete, the absolute 10-year risk can easily be assessed using Framingham scoring. Making use of these criteria also avoids unwanted emphasis on a single risk factor or cause. Ultimately, the goal of this diagnosis is simply to reduce the risk of cardiovascular disease.

Once metabolic syndrome patients at risk are identified, lifestyle changes including diet, exercise, and smoking cessation should be implemented. Improvements in lifestyle changes will induce a reduction in all of the metabolic risk factors simultaneously. For patients with a relatively high 10-year risk for ASCVD, drug therapies may be employed, especially in those where behavioral changes have failed. Drug therapy recommendations are based on published guidelines for each risk factor as established by the AHA, NHLBI, and the American Diabetes Association (ADA).

As healthcare providers, our goal is to decrease cardiovascular risk. We must look for ways to expedite that process in busy clinical settings. Recognizing patients at risk earlier by identifying all risk factors in a quick and concise manner will help maximize our intervention efforts. The earlier the risk is identified, the better our chances are to decrease the incidence of cardiovascular disease and diabetes.