

Abdominal obesity, metabolic syndrome and global cardiometabolic risk

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Cardiovascular disease is an increasingly important cause of morbidity and mortality, particularly among individuals with Type 2 diabetes in whom it accounts for approximately 75% of all deaths. The metabolic syndrome, also known as Syndrome X, the insulin resistance syndrome, the central adiposity syndrome or the dysmetabolic syndrome, has been the subject of much investigation since it was described by Crepaldi and later by Reaven, primarily because of its close association with cardiovascular disease. The metabolic syndrome, despite a history stretching back to the 1920s, is more of a practical guide to cardiovascular disease risk than a diagnostic entity, with its exact constitution remaining a subject of considerable debate. The high prevalence of the metabolic syndrome in patients with type 2 diabetes and its association with an increased risk of macrovascular complications emphasises the need for assiduous cardiovascular disease risk management in these subjects. Assessing global cardiovascular risk in people with type 2 diabetes can help target them for more intensive therapies but management of global cardiovascular risk is generally directed towards treating individual risk factor components. This includes measures to promote weight reduction such as physical activity, diet and possibly medication, reduce hyperglycaemia if glucose levels are elevated, anti-hypertensive therapy if the blood pressure is elevated and correction of dyslipidaemia use statins, fibrates and possibly niacin. However, newer agents which can help to correct several metabolic syndrome components simultaneously are likely to offer new therapeutic opportunities.