I strongly believe that the primary objective of the metabolic syndrome criteria, advocated by the National Cholesterol Education Program’s Adult Treatment Panel III report (NCEP-ATPIII), is indeed to draw the attention of physicians, mainly cardiologists and other specialists who are bound up with the universal problems of the metabolic and cardiovascular complications generated by obesity, hyperglycaemia, dyslipidaemia, and frank diabetes, as all these are present in the insulin resistance syndrome. In their editorial, Sattar and Forouhi1 stated clearly that specialists must give thoroughgoing assistance to their patients. In the case of hypertensive patients, the disease should not be seen just as a condition that has increased levels of blood pressure, but it also happens, most of the time, with metabolic changes (the metabolic syndrome criteria), as well as vascular and left ventricular hypertrophy. As they wrote, neither the National Cholesterol Program (NCEP-ATPIII) nor the World Health Organization metabolic syndrome criteria can be better predictors of cardiovascular risk than the Framingham score. However, when those are present, physicians get to have different view about the problem because they know the evolution and consequently the least appropriate prognostic.

The results of simple tests, such as glycaemia, high density lipoprotein cholesterol, triglyceride, and waist circumference, can aid the physician who assists such patient for both the insulin resistance and their complications, more than a table filled in for estimating the risk within the following decade. These conclusions can improve the doctor–patient relationship, the treatment, and obviously its progress, which are the aims at the clinical practice.

Reference


José Fernando Vilela Martin
Department of Internal Medicine
Medical School of São José do Rio Preto
Av Brigadeiro Faria Lima
5416 São José do Rio Preto
São Paulo 15090-000
Brazil
Tel: +55 17 3201 5727
Fax: +55 17 32272409
E-mail address: vilelamartin@uol.com.br