To the Editor:

You and colleagues (1) found some interesting data regarding the relationship of metabolic syndrome (MetS) to several adipokines and the role of total and visceral adiposity in influencing this relationship in older adults. Although most clinicians believe in the existence of this connection, the importance of this study is that the association between the MetS and the adipokines is present across a wide range of adiposity, including in those with normal percent body fat. However, I think that a few points should be discussed.

As stated in text, patients with diabetes or those currently taking glucose-lowering drugs and/or those with coronary heart disease or those currently on an antianginal treatment were excluded. But no information about comorbid situations of the rest of the participants can be detected. These data are valuable due to the fact that comorbidities increase in advanced ages. Some studies show that adipokine levels differ according to comorbid diseases. Iwashima and colleagues (2) reported that renal function is a significant regulator of adiponectin, and Yu and colleagues (3) suggested that thyroid diseases may be accompanied by changes in adipokines. The same changes were observed in patients with hypertension and dyslipidemia. Circulating adipokines can be easily affected by antihypertensive agents such as ramipril and valsartan and from high levels of low-density lipoprotein cholesterol (4,5).

The authors express in their article that participants were selected according to National Cholesterol Education Program Adult Treatment Panel III. This criterion can be applied successfully in clinical practice. But during the time that we design clinical research to show the novel interactions, we must make an effort ultimately to eliminate confounding factors that might affect the results.

In conclusion, we would like to ask the authors whether they can present some additional data by categorizing their patients with metabolic syndrome (MetS) according to metabolic confounders such as comorbidities, lipid profile, and medication for hypertension. This would certainly provide the readers clearer information about the association between MetS and adipokines.

Mehmet Ilkin Naharci
Department of Internal Medicine
Gulhane School of Medicine
Ankara, Turkey

Correspondence
Address correspondence to Mehmet Ilkin Naharci, PhD, Department of Internal Medicine, Gulhane School of Medicine, Ankara 06018, Turkey.
Email: drnaharci@yahoo.com

References