

Women & Metabolic Syndrome

Measured your waist lately? If not, you should. Whether you're overweight or not, if your waist is more than 34 inches around, you may be looking at the tip of the proverbial iceberg when it comes to health problems. That's because a large waist is one sign of metabolic syndrome.

Metabolic syndrome is not pre-diabetes, insulin resistance or glucose intolerance. It's not even a disease. Rather, it's a cluster of risk factors associated with obesity. Identifying the syndrome is important because, like that tip of the iceberg, it represents a very serious, yet hidden, danger to your health.¹³ You have metabolic syndrome if you have any three of the following five risk factors:

- A waist circumference more than 34 inches (more than 40 inches in men)
- A fasting blood glucose level of 110 mg/dL or higher (considered a marker for insulin resistance), or if you are taking medication for high glucose levels
- Triglycerides at or above 150 mg/dL
- An HDL-cholesterol level below 50 mg/dL (at or below 40 mg/dL in men), or if you are on medication to increase HDL
- A blood pressure level at or above 130 mm Hg systolic

(the top number) or 85 mm Hg diastolic (the bottom number) or you are taking medication for high blood pressure.

An estimated 24 percent of Americans over age 20 and 44 percent of Americans over 50, have metabolic syndrome.^{14,15}

Why should you care? Because metabolic syndrome significantly increases your risk of developing atherosclerosis, a buildup of plaque in your coronary arteries that contributes to heart disease, stroke and peripheral vascular disease. You're also up to 3.5 times more likely to die from coronary heart disease if you have metabolic syndrome than someone who doesn't have it.¹⁴

And while it's not a direct cause of diabetes, metabolic syndrome is a strong predictor of the disease. It's very rare to have diabetes without also having metabolic syndrome. Even more important, the two together push your risk of heart disease up by 50 percent compared to having diabetes without metabolic syndrome.¹⁵

So how do you find out if you

have metabolic syndrome? Ask your doctor to evaluate you on the five markers listed above. This is particularly important if you have polycystic ovarian syndrome (PCOS), a hormonal condition that often affects fertility, since women with the condition are 11 times more likely to have metabolic syndrome than those without.¹⁶

As for treatment, your best option is to lose weight and exercise. These are the only two approaches that can improve every one of the five markers.¹⁷ One large study found metabolic syndrome completely disappeared in 30 percent of participants who rode a stationary bike three times a week (starting at 30 minutes a session and working their way up to 50 minutes) for 20 weeks.¹⁸ Otherwise, your doctor will need to address each marker separately with medication—and who wants to take three or four pills for something they could improve on their own?

So what do you do? “You make better choices,” says David Katz, MD, associate professor of public health at Yale University School of Medicine and the author of several consumer books on nutrition and weight loss. That means foods closer to nature that don't have long ingredient lists.✕

Identifying the syndrome is important because, like the tip of the iceberg, it represents a very serious, yet hidden, danger to your health.

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Commonly Asked Questions & Answers about Obesity

Q I've been overweight most of my adult life. I've heard there are medications you can take to help you lose weight. Do they work and are they safe?

A You are correct. There are several medications approved by the U.S. Food and Drug Administration for obesity, including Xenical (orlistat), and Meridia (sibutramine). Some antidepressants can also help with weight loss, as can stimulants like phentermine, dexamphetamine and methamphetamine. The drugs either help you reduce the amount of food you eat, alter your metabolism so you burn more calories, or increase the amount of energy you expend. Used properly in combination with lifestyle changes, including reducing calories and increasing physical activity, they are safe, although all have side effects. I think as we recognize that obesity is a disease, just like hypertension and low levels of HDL cholesterol (the “good” cholesterol), we’re going to have to have the helping hand of medications to help people get to a healthier body weight. To remain there may require prolonged use for some people. As for which is the

best ... just as there is no “best” diet, there is no “best” medication. It depends on the individual.

Q When should I consider taking a weight-loss medication?

A Just because you’re overweight is no reason to start taking a medication. You have to consider your quality of life. How rested are you when you wake up in the morning? How energetic are you with your family, at work and at play? Clearly, if you’re gaining weight—such as a five-pound weight gain when you’re already obese—you should run, not walk, to talk to your doctor. Also make sure you talk to your doctor about the risks and benefits of any weight-related medication.

Q What about the weight loss surgery I've heard about?

A This is a serious surgery, although studies find it the most effective means of treating

severe obesity. It involves restricting the storage capacity of the stomach (gastroplasty), using a band to divide the stomach into a small pouch and a large remnant (gastric banding), or altering the stomach to create a small pouch that prevents you from eating a large meal (gastric bypass). Several studies find that gastric bypass has the lowest rate of health risks.^{25,26} Having had the surgery, however, patients have to take nutritional supplements and follow a strict eating plan for the rest of their lives. If you’re interested in this procedure, you will have to undergo a comprehensive analysis by several health professionals, including a mental health therapist. Most centers won’t do the surgery unless you are very obese (a BMI over 40) and have other weight-related conditions, like diabetes and hypertension.

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