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LETTER TO THE EDITOR

Authors' response

We would like to thank Drs. Katsiki, Athyros and Karagiannis for their interest in our work [1]. The relationship of metabolic syndrome (MetS) with cardiovascular (CV) disease, dyslipidemia, hypertension, glucose intolerance, insulin resistance, overweight, obesity and type 2 diabetes mellitus is well established and widely known. In any case, it should be pinpointed that this connection is rather obvious since the mentioned clinical entities are, in variable degrees of importance, part of the definition of the MetS or, alternatively, part of its predictable outcomes. It is very meritorious that the above mentioned authors have duly enlightened other aspects of the MetS, not necessarily related to the CV or endocrine systems [2]. For instance, MetS was found to be associated with increased blood lead levels [3], sex hormone binding globulin gene polymorphisms [4], augmented neck circumference [5] and heart rate turbulence [6]. Therefore, the authors' findings are in line with our opinion that MetS is a multifactorial and polyfacetic syndrome, standing basically on 2 tightly knotted conditions: obesity and insulin resistance. While obesity causes insulin resistance, on the other hand insulin resistance modifies adipose tissue responses to insulin and thereby recapitulates the obese state [1]. This situation may be exacerbated by other concomitant factors [7, 8] like abnormalities in adipokines, vitamin D deficiency, polycystic ovary syndrome, obstructive sleep apnea, hyperuricemia, renal and hepatic diseases, as described by the authors [9-12] in their recent letter. These clinical findings are in keeping with current experimental research. It has been recently shown in animal models that insulin and its signaling cascade normally control cell growth, metabolism and survival through activation of mitogen-activated protein kinases (MAPKs) and phosphotidylinositide-3-kinase (PI3K) [13], thus suggesting an expanded and global influence of insulin on all biological systems in mammals.

Conflict of interest: none declared

References

- Fisman EZ, Tenenbaum A. The metabolic syndrome entanglement: Cutting the Gordian knot. Cardiol J, 2013; 21: 1–5.
- Katsiki N, Athyros VG, Karagiannis A, Mikhailidis DP. Characteristics other than the diagnostic criteria associated with metabolic syndrome: An overview. Curr Vasc Pharmacol, 2013 Apr 25. [Epub ahead of print].
- Rhee SY, Hwang YC, Woo JT et al. Blood lead is significantly associated with metabolic syndrome in Korean adults: an analysis based on the Korea National Health and Nutrition Examination Survey (KNHANES), 2008. Cardiovasc Diabetol, 2013; 12: 29.
- Sunbul M, Eren F, Nacar C, Agirbasli M. Sex hormone binding globulin gene polymorphisms and metabolic syndrome in postmenopausal Turkish women. Cardiol J, 2013; 20: 287–293.
- Zhou JY, Ge H, Zhu MF et al. Neck circumference as an independent predictive contributor to cardio-metabolic syndrome. Cardiovasc Diabetol, 2013; 12: 76.
- Erdem A, Uenishi M, Küçükdurmaz Z et al. The effect of metabolic syndrome on heart rate turbulence in non-diabetic patients. Cardiol J, 2012;19: 507–512.
- Grundy SM, Cleeman JI, Daniels SR et al. American Heart Association; National Heart, Lung, and Blood Institute: Diagnosis and management of the metabolic syndrome: An American Heart Association/National Heart, Lung, and Blood Institute Scientific Statement. Circulation, 2005; 112: 2735–2752.
- Grundy SM. Does the metabolic syndrome exist? Diabetes Care, 2006; 29: 1689–1692.
- Athyros VG, Mikhailidis DP, Papageorgiou AA et al.; METS-GREECE Collaborative Group. Prevalence of atherosclerotic vascular disease among subjects with the metabolic syndrome with or without diabetes mellitus: The METS-GREECE Multicentre Study. Curr Med Res Opin, 2004; 20: 1691–1701.
- Athyros VG, Giouleme O, Ganotakis ES et al. Safety and impact on cardiovascular events of long-term multifactorial treatment in patients with metabolic syndrome and abnormal liver function tests: a post hoc analysis of the randomised ATTEMPT study. Arch Med Sci, 2011; 7: 796–805.
- 11. Athyros VG, Karagiannis A, Ganotakis ES et al.; Assessing The Treatment Effect in Metabolic syndrome without Perceptible diabeTes (ATTEMPT) Collaborative Group. Association between the changes in renal function and serum uric acid levels during multifactorial intervention and clinical outcome in patients with metabolic syndrome. A post hoc analysis of the ATTEMPT study. Curr Med Res Opin, 2011; 27: 1659–1668.
- 12. Athyros VG, Mikhailidis DP, Liberopoulos EN et al. Effect of statin treatment on renal function and serum uric acid levels and their relation to vascular events in patients with coronary heart disease and metabolic syndrome: A subgroup analysis of the GREek Atorvastatin and Coronary heart disease Evaluation (GREACE) Study. Nephrol Dial Transplant, 2007; 22: 118–127.
- Guo S. Insulin signaling, resistance, and the metabolic syndrome: Insights from mouse models to disease mechanisms. J Endocrinol, 2014; 220: T1–T23.

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