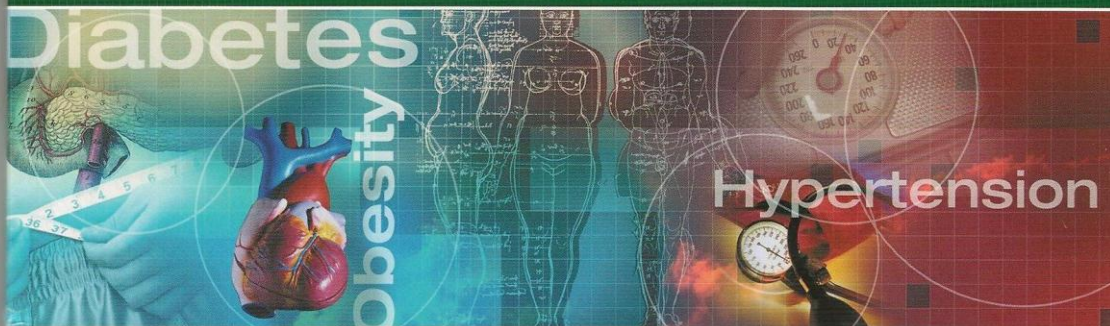


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ABSTRACTS



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associated with reduced MetS, whereas undesirable food pattern has no association. Key Words: metabolic syndrome, food pattern, non-menopause women, factor analysis.

COMPARISON OF DIAGNOSTIC PROPOSALS FOR METABOLIC SYNDROME IN A MEXICAN ADOLESCENT POPULATION, BASELINE EVALUATION OF RIESGO COHORT (REGISTRY OF MEDICAL STUDENTS FOR EMERGENT OBESITY AND CARDIOVASCULAR RISK FACTORS)

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Abstract: The prevalence of Metabolic Syndrome (SdM) has been confirmed in different ethnic groups including Latin-American population. There are not previous studies on prevalence of SdM in adolescent population using different criteria. Subjects and Methods: 148 subjects, age 16 to 24, 45.2% women, all Hispanic. The prevalence of SdM was compared previous blood sampling for TG, HDL and glucose levels, anthropometric and blood pressure measuring, using DeFerranti, IDF, Cook, Weiss and Ford criteria. Results: The mean values for glucose were 84.89 mg/dL, CG 78.6 cm, TG 47.01 mg/dL, HDL 68.87 mg/dL, systolic/diastolic 115/73 mmHg. The prevalence of SdM using De Ferranti criteria is 7.4% , 6.8% with IDF, 4.1% with Ford, 6.1% with Cruz, 2.7% with Weiss and only 1.3 subjects with SdM were reported using Cook criteria. Being more prevalent in the males, except when using Weiss criteria. Conclusion: No variation was found in the incidence of SdM when compared with previous studies.

NUTRITIONAL HABITS AND CARDIOVASCULAR DISEASE

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An elevated predominance of the risk factors associated to the illnesses of the circulatory system, particularly hypercholesterolemia and arterial hypertension aim for a special attention to its prevention. This way, the composition of the digested food daily can influence the sprouting of Cardiovascular Disease (CVD), which has shown association between the risk factors and the things we consume. The present study had an objective to identify the influential factors of social economics and education in the nutritional state and in the sprouting of CVD. There were 234 individuals studied over the age of 18, belonging to a population of the northeast of Portugal. Experienced and trained professionals collected anthropometry facts and carried out an interview where personal information, from personal and social level and relative facts to the normal and daily ingesta habits. The total individuals inquired 63% are of the female sex and 37% of the male sex, 37% demonstrate excess weight and 23% Obesity. The married couples, 22% demonstrate risk factors of CVD, 25% that live with family, 5% that live alone, 23% of the individuals with a low education level and 41% of the individuals that are found inactive, present risk factors of CVD. This work reflects the lifestyles and the nutritional habits of the population in study. In conclusion we found that the social economical and educational lifestyles are associated to the presence or absence of risk factors of a cardiovascular disease, influencing the ingesta and the BMI of the individuals.

THE IMPACT OF EXERCISE ON VISCERAL OBESITY AND ENDOTHELIAL DYSFUNCTION AT YOUNG SUBJECTS WITH METABOLIC SYNDROME

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Introduction. Metabolic Syndrome (MS), a complex disorder including several factors (abdominal obesity, hypertension, insulin resistance and dyslipidemia), is associated with an increased risk of the subsequent development of cardiovascular events by causing vascular dysfunction. The aim of this study was to examine the impact of two training programs, continuous aerobic exercise (CAE) versus intermittent aerobic exercise (IAE) on body composition, abdominal adiposity and endothelial dysfunction at young subjects with metabolic syndrome. **Material and method.** The study included 40 male patients with MS, with ages between 18-24years, which have been separated into two groups: group A(n=20), who has undertaken 40 minutes of continuous aerobic exercise, 5days/week, at submaximal intensity (70-75%VO2max), and group B(n=20) who has undertaken same type of exercise but daily session was divided in two events of 20 minutes at minimum 2hours interval. The training program, that consisted in stationary cycling, has been monitored by a heart rate monitor (PolarRS800). General indications regarding the diet were set for each patient. **Results.** After 18 weeks of physical exercises we noticed a significant evolution of investigated parameters at group B comparative with group A. Weight (kg): 9.8±12.2/83.5±11 versus 89.8±12.2/83.5±11; waist circumference (cm): 103±7.8/98.86±7.7 versus 110±15.4/100.9±13.9; BMI: 33.3±3/30.85±3.0 versus 33.3±6.8/30±5.4; %BodyFat: 28.83±4.59/24.77±4.21 versus 37.6±6.7/32.7±5.7, brachial artery flow mediated dilatation (%FMD): 5.9 ± 1.9/ 6.9 ± 2.4 versus 5.8 ± 2.1/6.1±2.2. **Conclusions.** The present study establishes the positive effect of intermittent aerobic exercise in treatment of metabolic syndrome at young subjects with MS by the effect on visceral obesity and endothelial dysfunction.

THE RISK FOR TYPE 2 DIABETES MELLITUS IN OVERWEIGHT AND OBESE PATIENTS WITH METABOLIC SYNDROME

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Background and aims: Metabolic syndrome (MS) is a constellation of risk factors for cardiovascular disease and type 2 diabetes (T2DM). Our study analyses the prevalence and particularities of MS (the new, 2009 definition) in overweight and obese subjects, and their 10 years risk of acquiring T2DM, using a diabetes risk algorithm (the QDScore). **Material and methods:** the study is cross-sectional, comprising 100 overweight (31) and obese (69) out-patients - (59 women/41 men), aged between 25 and 79 years old, without T2DM. **Results and discussions:** 47% of the patients were diagnosed with MS, having significantly higher values for age, waist (p<0.05), triglycerides, fasting glycemia (p<0.001) and lower for HDLcholesterol (p 0.001). The risk score for T2DM was significantly higher in patients with MS (p 0.003), especially in the ones presenting 4 or 5 components comparing to those with only 3 components (p 0.01). Patients with high blood pressure, fasting glycemia ≥100 mg/dl and waist ≥88 cm (women) or ≥102 cm (men) presented statistically significant greater values of the risk score that the ones with normal blood pressure (p<0.001), with fasting glycemia <100 mg/dl (p 0.003) and, respectively, a waist <88 cm (women) or <102 cm (men) (p<0.001). **Conclusions:** in overweight and obese