Factors Associated With Prevalence of Metabolic Syndrome

Afolabi Kamaldeen Kolawole*
Goodwill Nysambia Road Kampala, C/o Cavendish University Kampala, Uganda

Introduction
Metabolic syndrome is a cluster of disease risk factors increase the risk for cardiovascular diseases (CVD) and other health problems such as cancer, diabetes, pulmonary disease etc. Metabolic syndrome is a multiplex risk factor that arises from insulin resistance accompanying abnormal adipose deposition and function [1]. It is the pre-state for majority of non-communicable diseases and is responsible for majority of the non-preventable deaths in the world.

Background
Middle and low-income countries are undergoing an epidemiologic changes accompanied by increasing severity of non-communicable diseases which is linked with urbanization and lifestyle modification. The accumulations of several disease risk factors in the body trigger the development of those non-communicable diseases. A large waistline is a visible sign of metabolic syndrome, some people may have symptoms of high blood sugar if diabetes—especially type 2 diabetes—is present. Symptoms of high blood sugar often include increased thirst; increased urination, especially at night; fatigue (tiredness); and blurred vision (NHLB, 2015). However, some people in the early stages of high blood pressure have dull headaches, dizzy spells, or more nosebleeds than usual (NHLB, 2015).

Chronic diseases are responsible for 50% of the total disease burden, with estimated age-standardized death rates being higher for men and women from low-income compared to middle-income countries [2]. Major causes are said to be increasing rates of hypertension, dyslipidemia, diabetes, obesity, physical inactivity, and tobacco use, which are all the risk factors for metabolic disorder. Together, these diseases cause unnecessary suffering and lead to long-term ill health and disability, thus depriving millions of the opportunity to enjoy a productive life, healthy and active ageing.

Study revealed that even across rural communities in sub-Saharan Africa, increasing urbanicity is associated with a higher prevalence of lifestyle risk factors for cardio-metabolic diseases. This finding highlights the need to consider the health impact of urbanization in sub-Saharan Africa [3]. Study revealed that employees with chronic work stress have more than double the odds of the metabolic syndrome than those without work stress, after other risk factors are taken into account [4]. Hence, these justify the need to explore more on factors contributing to the increase in prevalence of metabolic syndrome in low and middle income countries.

How is Metabolic Syndrome Diagnosed?
To be diagnosed for metabolic syndrome, physical examination and blood test must reveal you have at least three out of five risk factors. The risk factors are; large waistline (waist of 35 inches or more for women and 40 inches or more for men), high triglyceride level (a triglyceride level of 150 mg/dl or higher), low cholesterol level (cholesterol level of less than 50 mg/dl for women and less than 40 mg/dl for men), high blood pressure of 130/85 mmHg or higher and high fasting blood sugar of 126 mg/ dl or higher.

Conclusion
Actually, this is just the research interest area of the researcher which is yet to be done; the researcher hopefully wishes to work on it immediately he is resourceful to do so because the prevalence of risk factors for non-communicable disease which is linked to metabolic syndrome in low and middle income countries is alarming.

References

*Corresponding author: Dr. Afolabi Kamaldeen Kolawole, Goodwill Nysambia Road Kampala, C/o Cavendish University Kampala, Uganda, Tel: +256779789649; E-mail: kharnaphor@gmail.com

Received October 17, 2016; Accepted October 17, 2016; Published October 24, 2016


Copyright: © 2016 Kolawole AK. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

J Morphol Anat, an open access journal

Volume 1 • Issue 1 • 1000e101