

# Risk Elements Linked to Metabolic Syndrome

Lorella Marinucci\*

Department of Molecular Biology, University of Helsinki, Finland

## Introduction

A number of variables contribute to the development of metabolic syndrome. Some of the factors, like being overweight or obese, leading a sedentary lifestyle, and having insulin resistance, are within your power to change. You have little influence over other potential metabolic syndrome contributors, such as getting older. Your likelihood of acquiring metabolic syndrome increases as you age. Genetics (ethnicity and family history), which may influence the development of the illness, are also factors over which you have no control. For instance, genetics can raise your risk of insulin resistance, which can result in metabolic syndrome.

## Description

These underlying factors put people at risk for developing metabolic syndrome. Having a wide waistline due to abdominal obesity, living a sedentary lifestyle, and having insulin resistance. Because they take drugs that can lead to weight gain or changes in blood pressure, cholesterol, or blood sugar levels, certain persons are vulnerable to developing metabolic syndrome [1-3]. Inflammation, allergies, HIV, depression, and other mental illnesses are frequently treated with these drugs.

In the US, some racial and ethnic groups are more likely than others to experience metabolic syndrome. Mexican Americans are more likely than whites and blacks to have metabolic syndrome. Those with a family history of diabetes are another group at a higher risk of developing metabolic syndrome, as are Men, women, those with a family history of polycystic ovarian syndrome, those with a sibling or parent who has diabetes (a tendency to develop cysts on the ovaries).

A metabolic syndrome diagnosis increases your risk of ischemic heart disease. Your risk of heart disease is increased by additional risk factors in addition to metabolic syndrome [4,5]. For instance, smoking and high LDL ("bad") cholesterol levels are two important risk factors for heart disease. Determine your short-term risk of heart disease even if you do not have metabolic syndrome. The risk of short-term cardiac disease is divided into four categories by the National Cholesterol Education Program (NCEP). Your risk category is established by the types and quantities of risk variables you possess. Your 10-year risk of developing heart disease is computed using your risk factors. You can calculate your 10-year risk of suffering a heart attack using the NCEP's online calculator.

High risk: You fall into this category if you currently have diabetes or heart disease or if your 10-year risk score is more than 20%. Moderately high risk: If you have two or more risk factors and a 10-year risk score of 10% to 20%, you fall into this category. If you fall into the moderate risk category, you have two or more risk factors with a 10-year risk score lower than 10%. If you have

no risk factors or only one, you fall into this category. Your 10-year chance of having heart disease is calculated by adding all of your risk factors together. Using the NCEP's online calculator, you can determine your 10-year risk of suffering a heart attack. The symptoms of metabolic syndrome include.

## Conclusion

These risk factors can raise your chance of health issues even if they are only mildly raised (borderline-high risk factors). Having a big waistline is one of the metabolic risk factors, but there are many others. Those who have diabetes, especially type-2 diabetes, may exhibit signs of elevated blood sugar. Increased thirst, increased urine, especially at night, lethargy (tiredness), and impaired vision are all signs of high blood sugar. High blood pressure typically has neither symptoms nor indicators. However, some persons with high blood pressure may feel dull headaches, lightheadedness, or more nosebleeds than typical in the early stages.

## Conflict of Interest

None.

## References

1. Mayer P., J.L. Pépin, G. Bettgea and D. Veale, et al. "Relationship between body mass index, age and upper airway measurements in snorers and sleep apnoea patients." *Eur Respir J* 9 (1996): 1801-1809.
2. Ward, Richard A., Bärbel Schmidt, Jeannine Hullin and Günther F. Hillebrand, et al. "A comparison of on-line hemodiafiltration and high-flux hemodialysis: A prospective clinical study." *J Am Soc Nephrol* 11 (2000): 2344-2350.
3. Semenza, Gregg L., and Reed E. Pyritz. "Respiratory complications of mucopolysaccharide storage disorders." *Med* 67 (1988): 209-219.
4. Delanaye, Pierre, Bernard E. Dubois, François Jouret and Jean-Marie Krzesinski, et al. "Parathormone and bone-specific alkaline phosphatase for the follow-up of bone turnover in hemodialysis patients: Is it so simple?." *Clin Chim Acta* 417 (2013): 35-38.
5. Phan, T. C. A., Jiake Xu and M. H. Zheng. "Interaction between osteoblast and osteoclast: Impact in bone disease." *Histol Histopathol* 19 (2004).

**How to cite this article:** Marinucci, Lorella. "Risk Elements Linked to Metabolic Syndrome." *J Metabolic Synd* 11 (2022): 294.

\*Address for Correspondence: Lorella Marinucci, Department of Molecular Biology, University of Helsinki, Finland, E-mail: Lorella.Marinucci22@gmail.com

**Copyright:** © 2022 Marinucci L. 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.

**Received:** 05 September 2022, Manuscript No. jms-23-87451; **Editor assigned:** 07 September 2022, Pre QC No. P-87451; **Reviewed:** 09 September 2022, QC No. Q-87451; **Revised:** 23 September 2022, Manuscript No. R-87451; **Published:** 30 September 2022, DOI: 10.37421/2167-0943.2022.11.294