Clinical Picture of Metabolic Syndrome

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased triglycerides &gt; 150 mg/dL</td>
<td>&gt; 150 mg/dL</td>
<td></td>
</tr>
<tr>
<td>Increased waist circumference ≥ 40 inches</td>
<td>≥ 35 inches</td>
<td></td>
</tr>
<tr>
<td>Reduced HDL ≤ 40 mg/dL</td>
<td>≤ 50 mg/dL</td>
<td></td>
</tr>
<tr>
<td>Hypertension ≥ 130/85 mm Hg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increased fasting blood glucose ≥ 100 mg/dL</td>
<td>≥ 100 mg/dL</td>
<td></td>
</tr>
</tbody>
</table>

**According to American Heart Association criteria, at least three symptoms must be present for a patient to be diagnosed with metabolic syndrome.**

Evaluation of Outcomes

In patients with diabetes, Hgb A1c should be evaluated every 3 to 6 months based. Hgb A1c levels of higher than 7% indicate a need for therapy change. Once treatment goals are met, follow-up visits may be decreased to every 3 to 6 months. Patients should also receive annual dilated eye exams and dental exams.

Patients with dyslipidemia should be followed based on disease severity. Patients who take statins should have repeat LFTs after 12 weeks of therapy and then annually. In patients taking nicotinic acid, LFT testing should be done at baseline, after 6 to 8 weeks of therapy and annually. To evaluate response, lipid panels should be done every 4 to 6 months.

Patients with hypertension should be seen frequently until blood pressure is stable. A patient with blood pressure higher than 140/90 mm Hg warrants specialist consultation.

Putting It Into Practice

Native Americans face a higher-than-average risk for cardiovascular disease. NPs who treat these patients must be aware of cultural, genetic and environmental factors that influence this risk.

**References**


