

LETTERS TO THE EDITOR

Sir,

The Presidential Oration-2003, published in your journal (Vol. 24, Number 4.Oct-Dec, 2004) makes excellent reading. Dr. Das's concluding remark is that the salient biochemical markers of increased CVD risk in our population are chronic hyperglycemia and non-HDL dyslipidemia. As a corollary then, we must promote steps to reverse these markers to normality at the earliest - "nip it in bud" and vanquish the 'victor' forever.

If we can assume and confirm that insulin resistant state (metabolic syndrome-Met S) is the underlying metabolic defect (there is already considerable evidence in the medical literature for it), then it is only natural for us to endeavor to find evidence to prescribe insulin sensitizers in pre-diabetic and pre-dyslipidemic states, almost akin to prescribing aspirin to high risk general population. My queries then are:

1. Can we have a consensus on the need for a suitable criterion for Met S for our population (South East Asians)?
2. Can we garner enough evidence from our studies to encourage our clinicians to make a positive diagnosis of Met S and prescribe insulin sensitizers to reverse the onslaught on our blood vessels? There are indications towards this from the concluded diabetes prevention studies.

The quest must be for the tip and not the iceberg or overt chronic hyperglycemia! Till such time as our geneticists take over preventive roles in medicine, we have to find surrogate markers to prevent chronic disease.

Dr Mathew K Jose

RESPONSE

1. Since chronic hyperglycemia and non-HDL dyslipidemia are the main determinant factors, all efforts should be made to contain these problems. Mere addition of insulin sensitizers may not be adequate. It has to be dealt case by case and poly-pharmacy may be required to keep the patient euglycemic on a long-term basis.
2. Before overenthusiastic institution of pharmacological measures, we should convince and convey to our patients and population in general the significance of lifestyle modifications. While doing so, one has to be practical and modify the lifestyle in such a way that the gainful occupation and daily life of the patient is not hampered.
3. The definition of metabolic syndrome is same for us as for the westerners, but the upper limit of BMI is 22 for Indians, which is often considered as lean by the former.

Dr Sidhartha Das