

The relationship between Carotid Intima Media Thickness (CIMT) and abdominal waist circumference in Metabolic Syndrome compared to BMI

Thesis
Submitted by
Mohamed Abd Al Mohsen Abd Al Rehim
M.B.B.CH

For Partial Fulfillment of the Master Degree in Cardiology Medicine

Supervised By

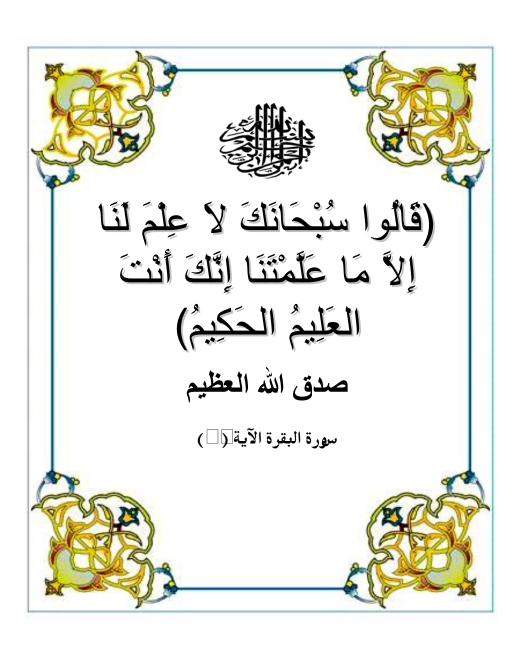
Prof. Dr. Mohamed Ismail Ahmed

Assistant Professor of Cardiology Ain Shams Faculty of Medicine

Dr. Tarek Rashid

Lecturer of Cardiology Ain Shams Faculty of Medicine

Faculty of Medicine
Ain Shams University
2014





First and foremost, thanks to **ALLAH**, most merciful and greatest beneficent who taught man what he did not know and enable me to overcome all problems, which faced me through this work.

My deep thanks and sincere appreciation to Prof. Dr. Mohamed Ismail Ahmed, Assistant Professor of Cardiology, Faculty of Medicine, Ain Shams University, for his continuous encouragement, valuable assistance, inspiring advice and guidance to finish this work.

My great appreciation goes to Dr. Tarek Rashid, Lecturer of Cardiology, Faculty of Medicine, Ain Shams University, for his kind direction and valuable support throughout the accomplishment of this essay.

LIST OF CONTENTS

Page No.	ე.
Introduction	1
Aim of the work	4
Review of literature:	
Chapter (1): Epidemiology of obesity	5
Chapter (2): Metabolic syndrome5	3
Chapter (3): High-sensitivity C-reactive protein (hs-CRP) & its relation to atherosclerosis	7
Chapter (4): Carotid Intima Media Thickness	
(CIMT)9	2
Patients & Methods9	8
Results10	6
Discussion13	1
Summary14	1
Recommendation14	4
Reference14	5
Arabic Summary	_

LIST OF TABLES

Table No.	Page No.						
Table (1):	Classification of body weight according to BMI						
Table (2):	Classification of Overweight and Obesity9						
Table (3):	Methods to Determine Body Fat28						
Table (4):	WHO Clinical Criteria for Metabolic Syndrome						
Table (5):	EGIR Clinical Criteria for Metabolic Syndrome						
Table (6):	ATP III Clinical Identification of the Metabolic Syndrome						
Table (7):	AACE clinical criteria for diagnosis of the IRS64						
Table (8):	IDF Clinical Criteria for Metabolic Syndrome65						
Table (9):	AHA/NHLBI recommended criteria for diagnosis of Metabolic Syndrome67						
Table (10):	The American Heart Association and U.S. Centers for Disease Control and Prevention91						

Table (1*):	Distribution of cases in the study groups107						
Table (2*):	Correlation between waist circumference and other studied variables in group A111						
Table (3*):	Correlation between waist circumference and other studied variables in group B112						
Table (4*):	Correlation between BMI and other studied variables in group A						
Table (5*):	Correlation between BMI and other studied variables in group B116						
Table (6*):	Correlation between CIMT and other studied variables in group B						
Table (7*):	Correlation between CIMT and other studied variables in group A						
Table (8*):	Multiple regression analysis for risk factors related to CIMT among patients in group (B) .121						
Table (9*):	Multiple regression analysis for risk factors related to CIMT among patients in group (A) .122						
Table (10*):	Multiple regression analysis for risk factors related to CIMT among patients in all patients (100)						

Table (11*):	The most important risk factors are LDL and						
	waist circumference (after exclusion of CRP						
	& DBP)124						
Table (12*):	Sensitivity, specificity and predictive values						
	of waist circumference in prediction of intima						
	thickness125						

LIST OF FIGURES

Figure No.	Page No.
Figure (1):	Age-adjusted prevalence rates of overweight and obesity among US adults, aged 20 to 74 years, over time
Figure (2):	Projected increases in obesity prevalence. The figure illustrates the rate at which obesity prevalence is increasing in selected countries. It is based on crude projections from repeated national surveys
Figure (3):	The regulatory pathway of food intake16
Figure (4):	Determinants of positive energy balance and fat deposition with indication about the sites of action of a genetic predisposition20
Figure (5):	Time trends in the prevalence of obesity in Brazil by income and degree of urbanization, in (top) men and (bottom) women
Figure (6):	Total body fat, expressed as a percentage of body weight, versus body mass index in females

Figure (7):	Association of BMI and WHR with myocardial infarction
Figure (8):	Effect of obesity and hypertension on cardiac structure
Figure (9):	Pathophysiology of congestive HF in obesity40
Figure (10):	Mortality rates/10,000 person-years by number of metabolic components present55
Figure (11):	Sequences in progression of atherosclerosis80
Figure (12):	Scheme depicting the role of high sensitive C-reactive protein (CRP) in inflammation and atherosclerosis
Figure (13):	To show the measurment of near and far wall CIMT in distal 1 cm of the CCA97
Figure (1*):	Comparison of the two study groups risk factors
Figure (2*):	Comparison between mean average between CIMT and waist circumference in group (a) and group (b)110
Figure (3*):	Linear relation between CIMT and Waist circumference in group (a) lower curve and group (b) upper curve

Figure (4*):	Linear relation between CIMT and HS-CRP					
	in group (A) lower curve and group (B) upper					
	curve					
Figure (5*):	Roc curve determining cut-off value of (WC) 125					
Figure (6*):	Carotid ultrasound in patient with abdominal					
	obesity w.c (110 cm), high IMT (1.22mm)126					
Figure (7*):	Carotid ultrasound in patient with abdominal					
	obesity wc (102 cm), high IMT (0.98mm)126					
Figure (8*):	Carotid ultrasound in patient with abdominal					
g (- /-	obesity wc (102 cm), high IMT (0.96)127					
Figure (0*).	Carotid ultrasound in patient with abdominal					
rigure (9°).	obesity wc (109cm), high IMT (0.99mm)127					
(404)						
Figure (10*)	: Carotid ultrasound in patient with abdominal					
	obesity wc (110 cm), high IMT (1.09 mm)128					
Figure (11*)	: Carotid ultrasound in patient with					
	intermediate SCORE risk, normal IMT128					
Figure (12*)	: Average IMT of 1.09 mm changed SCORE					
	risk (from intermediate to high CVR)129					
Figure (13*)	: Detection of pathological IMT and carotid					
riguit (13)	bulbus atherosclerotic plaques129					
	care as autoroscierous pragaes					

Figure (14*):	Detection	n of	carotid	plaque	at	a	case
	classified	d at int	ermediate	e risk wit	h S	CO	RE130
Figure (15*):	Carotid	athero	osclerotic	plaques	s ar	nd	IMT
	over 0.9 mm at a reclassified case1						130

ABBREVIATIONS

2HPP..... Two-hour postprandial

AACE American Association of Clinical Endocrinologists

ACTH Adrenocorticotropic hormone

ADA American Diabetes Association

AFCAPS/TexCAPS...Air Force/Texas Coronary Atherosclerosis Prevention Study

AHA...... American Heart Association

Alpha-MSH.. Alph-melanocyte stimulating hormone

ALT Alanine aminotransferase

AST..... Aspartate aminotransferase

ATP III Adult Treatment Panel III

BF%..... Body Fat Percentage

BMI..... Body Mass Index

CCA Common Carotid Artery

CHD Coronary heart disease

CHF Congestive Heart Failure

CIMT...... Carotid Intima Media Thickness

CVD..... Cardiovascular disease

EGIR European Group for Study of Insulin Resistance

GGT..... Gamma-glutamyl transpeptidase

Hs-CRP High sensitive-C Reactive Protein

ICA Internal Carotid Artery

ICAM..... Intercellular adhesion molecule

IDF..... International Diabetes Foundation

IFG..... Impaired fasting glucose

IGT Impaired Glucose Tolerance

IL-1.... Interleukin 1

IL-6..... Interleukin-6

IRS..... Insulin resistance syndrome

M235T Methionine for Threonine at position 235

MC4R Melanocortin 4 receptor

NCEP...... National Cholesterol Education Program

NHANES...... National Health and Nutrition Examination Survey

NHLBI...... National Heart, Lung and Blood institute

NIH National institutes of Health

OGTT..... Oral glucose tolerance test

PAI-1 Plasminogen activator inhibitor-1

POMC Pro-opiomelanocortin

RWT...... Relative wall thickness

TNF-alpha.... Tumor necrosis factor alpha

VCAM Vascular cell adhesion molecule

WC..... Waist Circumference

WHO World Health Organization

WHR..... Waist Hip Ratio

INTRODUCTION

Metabolic syndrome is a cluster of cardiovascular risk factors such as central obesity, increase body weight, hypertension, dyslipidemias and glucose intolerance. It has been shown to be a predictor of type 2 diabetes, coronary heart disease (CHD) and mortality (*Galal et al.*, 2009).

The presence of the metabolic syndrome was identified if three or more of the following categorical risk factors were present: abdominal obesity (waist circumference > 102 cm for men and > 88 cm for women); triglycerides > 150 mg/dl; high density lipoprotein cholesterol < 40 mg/dl for men and < 50 mg/dl for women; blood pressure > 130/85 mm Hg; and fasting glucose > 110 mg/dl or > 6.1 mmol/L (*ATP III*, *NCEP*, *2009*).

The National Cholesterol Education Program (NCEP) Adult Treatment Panel III proposed their widely used clinical definition for metabolic syndrome in 2001 (*ATP III*, *NCEP*, 2009).

The measuring of waist circumference is also recommended. At any BMI, a higher waist circumference identifies an increased metabolic risk because it takes into account the distribution of adipose tissue. Although the relationship is a continuum, a cut-point of abnormal waist circumference is greater than 102 cm (> 40 inches) for men and