CONTROVERSIES IN OBESITY & DIABETES

POPULATION-BASED STUDY OF METABOLIC SYNDROME IN OLDER ADULTS

Repossi G¹, Priotto S², Barotto NN¹, Astorquiza P³, Barbosa MC³, López PM³, Farías S³, Díaz-Gerevini GT⁴

¹Instituto de Biología Celular- FCM-UNC, Córdoba, Argentina y Escuela de Ciencias de la Salud, UNViMe, Villa Mercedes, San Luis, Argentina. ²Instituto de Investigaciones en Ciencias de la Salud (INICSA), CONICET-Universidad Nacional de Córdoba, Córdoba, Argentina. ³Escuela de Ciencias de la Salud, UNViMe, Villa Mercedes, San Luis, Argentina. ⁴Instituto de Biología Celular, Facultad de Ciencias Médicas, Universidad Nacional de Córdoba, Córdoba, Argentina.

INTRODUCTION

Metabolic syndrome (MS) is a set of metabolic alterations considered a risk factor for developing cardiovascular disease and diabetes. In recent years, due to harmful changes in lifestyle, the increase in the prevalence of SM worldwide is alarming. In Argentina, epidemiological studies on SM report a prevalence of 25%. One of the groups at highest risk for this syndrome are older adults. Objectives: Determine the prevalence of MS and its diagnostic components. To analyze whether MS is associated with an increase in mortality.

CONCLUSION

MS showed a high prevalence in older adults, equally for all components of its diagnosis. MS increased the risk of mortality and decreased survival, more markedly in women. The diagnosis of MS is important, mainly in vulnerable populations, to improve its prevention and treatment.

PROPORTIONAL MORTALITY OF PATIENTS WITHOUT DIAGNOSIS OF METABOLIC SYNDROME

Colorectal

METHOD

A retrospective observational study was carried out (period 2018-2022) of all medical records (n=1020) of older adults (≥65 years), patients at the San **Ricardo Pampuri Primary Care Medical Center in the central area of Argentina.** Diagnostic criteria for MS, present at least 3 of these 5 components:

1-BMI ≥30 and/or waist circumference greater than or equal to 94 cm in men and 88 cm in women;

2-Triglycerides ≥150 mg/dL;

3-HDL cholesterol ≤40 mg/dL in men or ≤50 mg/dL in women and/or total cholesterol \geq 200 mg/dL;

4-Elevated blood pressure ≥140/90 mmHg;

5- Fasting glucose ≥100 mg/dL.

These variables were analyzed and the prevalence of MS was determined. Mortality and its causes were studied and the risk for patients with MS was calculated. Statistical analysis was performed with Infostat (p≤0.05), ANOVA (Tukey post hoc) tests were used for continuous variables and Chi square for discrete variables. In this work, the rules of confidentiality and anonymity of the participants were respected.

RESULTS

Population data: 62% female/38% male. Average age: 78.8.

Prevalence: MS=57% (Male: 56% and Women: 59%); obesity=69%, hypertriglyceridemia=57%, hypercholesterolemia=49%, arterial hypertension=69%, hyperglycemia=54%.



Mortality: 11.27% in the period. Increased risk of mortality for people with MS (Male=1.26; Female=1.45; OR:1.13). Women with MS have shorter survival (age of death MS: 77.72 vs. Non-MS: 83.88 years). Qualitative and quantitative differences were found in the proportional causes of mortality between the group with MS and those without.



ACKNOWLEDGMENTS

This work was supported by SECyT-UNViMe, SECyT-UNC and CONICET.

https://codilive.cme-congresses.com/