

PREFACE

James W. Reed, MD, MACP, FACE
(*Ethn Dis.* 2009;19:4)

Three articles in this issue provide compelling reasons why the metabolic syndrome definition and criteria should be altered to make it relevant to the cardiovascular risks observed in people and descendants of the African Diaspora. The proposals center around establishing increased emphasis for NCEP-ATP III guidelines for African Americans and adding European and World Health Organization criteria the NCEP-ATP III criteria.

Gaillard et al makes a strong and evidenced-based proposal that reconsideration of classifications of blood pressure should be made for African Americans since, under current guidelines, Africans Americans have a lesser prevalence of metabolic syndrome compared to Whites but a greater prevalence of cardiovascular disease than Whites. At the same time, a lower level of triglycerides and higher levels of high density lipoproteins (HDL-C) have been found among Africans Americans. A greater prevalence of cardiovascular and coronary artery diseases in Blacks and a lesser prevalence of metabolic syndrome compared to Whites remains paradoxical.

Although the data from sub-Saharan Africa are limited, they suggest similar characteristics as those found among African Americans. The increased prevalence of obesity, elevated blood pressure and low levels of triglycerides are consistent. Clearly, more studies in this population are needed but it further suggests that there is a need for modification of the metabolic syndrome criteria.

Lea et al makes a compelling proposal for including microalbuminuria levels as a part of the definition of metabolic syndrome. These researchers have found a relationship between insulin resistance and microalbuminuria in both diabetic and non-diabetic subjects. Microalbuminuria is now included as a cardiovascular risk factor and is included in WHO's definition of metabolic syndrome.

Until a common etiology is found and is described as a syndrome that signals greater risk for cardiovascular disease, the syndrome will need modification for different ethnic groups, as was done for waist circumference in ethnic Asian individuals. Likewise, modifications in criteria for blood pressure and lipid levels should be made for descendants and Black people of the African Diaspora.