THE THROMBOCYTE DYSFUNCTION AND THE SYMPATHOADRENAL SYSTEM ACTIVITY IN THE DYNAMICS BY USING THERAPY IN PATIENTS WITH THE METABOLIC SYNDROME

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Purpose: The purpose of this study is to investigate the effect of the course diet therapy and orlistat on the clinical parameters as well as the indices of the sympathoadrenal system and the thromboocyte haemostasis activities in the patients with the metabolic syndrome.

Methods: We selected 120 type 2 diabetic patients, >40 years-old, men and women, treated with diet or diet plus oral hypoglycemic agents, free from CHD. Overweight was present in 39% of population, and 61% of those patients with the highest WHR should have a postprandial peak of Tg near future. Of more immediate utility are likely to be animal studies of the ultimate utility of molecular genetics in prediction and management of CHD.

Conclusions: Incremental Tg was lower in the subgroup of patient with WHR over 0.95, we think two factors might be responsible: 1st, our breakfast contained 20 gr of carbohydrates, which causes a delayed gastric emptying and 2nd, the carbohydrates ingested induce high levels of insulin secretion which delays VLDL secretion by the liver. Probably, those patients with the highest WHR should have a postprandial peak of Tg later to 4 hours.

LACK OF ASSOCIATION BETWEEN CENTRAL OBESITY AND POSTPRANDIAL TRIGLYCERIDES

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Introduction: Postprandial lipemia is elevated in diabetes and is also an atherogenic factor. The magnitude of postprandial lipemia is associated with insulin resistance syndrome. The aim of our study was to analyse the association between central obesity and postprandial lipemia in type 2 diabetic patients.

Methods: A total of 100 subjects, 50 obese (BMI > 25 kg/m²) and 50 who were not obese (BMI < 25 kg/m²) participated in the present study. The levels of chemokines (e.g. MCP-1, MIP-1α, RANTES, IL-8) were measured in a fasting state serum by sandwich ELISA. Total cholesterol, HDL-cholesterol, triglycerides, glucose, and insulin levels were measured by enzymatic analysis and immunoassay.

Results: The circulating levels of MCP-1 and IL-8 are significantly (P < 0.002) higher in obese subjects (BMI > 30 kg/m²) compared with those of nonobese controls (BMI < 25 kg/m²). The levels of CRP were positively correlated with BMI (P < 0.0002). The levels of MCP-1 and IL-8 were positively related to BMI. The levels of MCP-1 (P = 0.009; IL-8, P = 0.03). HOMA score was positively related to the levels of MCP-1 (P = 0.026) or IL-8 (P = 0.038) in obese subject. The levels of MCP-1 or MIP-α were positively related to the levels of CRP (MCP-1, P = 0.007; MIP-1α, P < 0.002), and negatively related to the levels of HDL-cholesterol (MCP-1, P < 0.01; MIP-1α, P < 0.04).

Conclusion: These findings suggest that the circulating MCP-1 and/or IL-8 may be a potential candidate linking obesity with obesity-related metabolic complications such as atherosclerosis and diabetes.

WHAT CAN GENETICS OFFER IN UNDERSTANDING THE PATHOGENESIS OF CORONARY HEART DISEASE?

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Many genetic studies over the last several years have sought to identify the genes underlying coronary heart disease (CHD). With the exception of relatively rare Mendelian traits, most genetic associations identified to date have been of small effect and hard to replicate. This raises the question of the ultimate utility of molecular genetics in prediction and management of CHD. Since heritability studies suggest a high inherited component, it will identify CHD susceptibility genes. However these may be of small effect and hard to replicate. This raises the question of the ultimate utility of molecular genetics in prediction and management of CHD. Since heritability studies suggest a high inherited component, it will identify CHD susceptibility genes. However these may be of small effect and hard to replicate. This raises the question of the ultimate utility of molecular genetics in prediction and management of CHD.