Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: https://reachmd.com/programs/medical-industry-feature/recognizing-metabolic-dysfunction-as-a-driver-of-cardiovascular-risk/12469/

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Recognizing Metabolic Dysfunction as a Driver of Cardiovascular Risk

Announcer:
Welcome to ReachMD. This Medical Industry Feature, titled “Recognizing Metabolic Dysfunction as a Driver of Cardiovascular Risk” is sponsored by Quest Diagnostics. This program is intended for physicians. Presenting is Dr. Brett Nowlan.

Dr. Nowlan:
Identifying metabolic dysfunction in patients can be essential in preventing disease progression and mortality. Take the conditions with the highest morbidity and mortality rates in the United States, which include cardiovascular disease and stroke, cancer, Alzheimer’s disease, diabetes, and chronic kidney disease or CKD. And because of an interplay of vulnerable genes and lifestyle choices, one of the central drivers of these illnesses is metabolic dysfunction. Consider type 2 diabetes, for example with is familiar diagnostic criteria, that being an abnormal blood glucose with and HbA1c of greater than or equal to 6.5% or a fasting blood glucose of greater than 126 mg/dL. The increased cardiovascular risk and chronic conditions associated with metabolic dysfunction, such as non-alcoholic fatty liver disease, NASH, and CKD, the current patients far before blood glucose levels become abnormal, and lead to a diagnosis of type 2 diabetes. So, clearly we need to identify metabolic risk as early as possible.

The most effective way to do so is to identify patients at risk at the earliest stages of the diabetes disease continuum using the insulin resistance panel, which uses fasting insulin and C-peptide levels and is tightly correlated with the likelihood of insulin-resistance. This is due to the fact that insulin-resistance is a core abnormality that raises triglycerides and atherogenic lipid particles in the form of Apo B, lowers HDL and tends to cause inflammation,

Out of this bio-chemical milieux arises mixed dyslipidemia, obesity, and the risk for certain cancers, fatty liver disease, non-alcoholic steatohepatitis, and eventually liver cirrhosis, hypertension, macrovascular ASCVDs such as heart attacks and strokes, chronic kidney disease, infertility, eventually type 2 diabetes and increased risk for Alzheimer’s disease.

The earlier one can identify this process, the greater the impact of preventative health strategies. Identifying a patient with insulin-resistance and the associated mixed dyslipidemia clearly identifies someone at increased risk for all of these conditions, including ASCVD. In such patients, clarifying cardiovascular risk further with imaging tests, such as a coronary calcium can may be warranted. This best stratifies patients who need lifestyle intervention alone, versus a combination of lifestyle modification and medications, such as lipid-modifying drugs.

Announcer:
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