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**International Conference on** 

## DIABETES AND ITS COMPLICATIONS

May 28-29, 2018 Osaka, Japan





## Metabolic syndrome in young Saudi females

It is ironic that as people continue to suffer from malnourishment and starvation in some poor parts of the world, others have gone to the other extreme of being overweight or obese particularly in developed, but also in developing countries. The modern world is faced with a terrifying new disease that is obesity. As people get fatter, excess weight is now seen as unhealthy and socially damaging. Obesity can lead to a variety of conditions such as hypertension, hypertriglyceridemia, hypercholesterolemia and high glucose level. These conditions together are called metabolic syndrome. The syndrome is a cluster of metabolic abnormalities and risk factors that significantly increase the risk of cardiovascular disease and diabetes. It is characterized by a group of metabolic risk factors which include abdominal obesity, atherogenic dyslipidemia, elevated blood pressure and insulin resistance or glucose intolerance. Metabolic syndrome is a state of chronic low grade inflammation as a consequence of complex interplay between genetic and environmental factors. The present data were the first to investigate the prevalence of metabolic syndrome among female school children and adolescents in the Makkah area. There were 1356 participants (6 to 18 years) in this study. Body mass index, waist circumference, blood glucose level, lipid profile and arterial blood pressure were determined. The criteria of the National Cholesterol Education Program Adult Treatment Panel III (NCEP-ATP III) were used to diagnose metabolic syndrome among participants. Among 1356 female participant, 15.2% were overweight and 15.3% were obese. The prevalence of metabolic syndrome was 17.1% overall, 62% in obese and 50% in overweight participants. An enormous population of Saudi children and adolescents, particularly females has the potential to develop metabolic syndrome. We recommend a national obesity prevention program at to be implemented at community level to promote leaner and consequently healthier communities; lifestyle modification and screening for risk factors for metabolic syndrome should be given special consideration.

## **Biography**

Adil O Bahathiq had initial experience of the research tools with Professor Ian Cooke and William Ledger at University of Sheffield, UK.

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