

The Metabolic Syndrome



- FOR MEN:**
- Waist Circumference \geq 40 inches
 - Triglycerides \geq 150 mg/dL
 - HDL Cholesterol $<$ 40 mg/dL
 - Blood Pressure \geq 130/85 mm Hg
 - Fasting Glucose \geq 100 mg/dL
- FOR WOMEN:**
- Waist Circumference $>$ 35 inches
 - Triglycerides \geq 150 mg/dL
 - HDL Cholesterol $<$ 50 mg/dL
 - Blood Pressure \geq 130/85 mm Hg
 - Fasting Glucose \geq 100 mg/dL

You have **metabolic syndrome** if at **least 3** of the following are true: You are overweight or obese, and you carry the weight around your middle. **See Chart above**

What Is Metabolic Syndrome?

Suddenly, it's a health condition that everyone's talking about. While it was only identified less than 20 years ago, metabolic syndrome is as widespread as pimples and the common cold. According to the American Heart Association, 47 million Americans have it. That's almost a staggering one out of every six people. Indeed, metabolic syndrome seems to be a condition that many people have, but no one knows very much about. It's also debated by the experts -- not all doctors agree that metabolic syndrome should be viewed as a distinct condition.

So what is this mysterious syndrome -- which also goes by the scary-sounding name Syndrome X -- and should you be worried about it?

Understanding Metabolic Syndrome

Metabolic syndrome is not a disease in itself. Instead, it's a group of risk factors -- high blood pressure, high blood sugar, unhealthy cholesterol levels, and abdominal fat.

Obviously, having any one of these risk factors isn't good. But when they're combined, they set the stage for grave problems. These risk factors double your risk of blood vessel and heart disease, which can lead to heart attacks and strokes. They increase your risk of diabetes by five times. Metabolic syndrome is also becoming more common. But the good news is that it can be controlled, largely with changes to your lifestyle.

Risk Factors for Metabolic Syndrome

According to the American Heart Association and the National Heart, Lung, and Blood Institute, there are five risk factors that make up metabolic syndrome. To be diagnosed with metabolic syndrome, you would have at least *three* of these risk factors.

What Causes Metabolic Syndrome?

Experts aren't sure why metabolic syndrome develops. It's a collection of risk factors, not a single disease. So it probably has many different causes. Some risk factors are:

Insulin resistance- Insulin is a hormone that helps your body use glucose -- a simple sugar made from the food you eat -- as energy. In people with insulin resistance, the insulin doesn't work as well so your body keeps making more and more of it to cope with the rising level of glucose. Eventually, this can lead to diabetes. Insulin resistance is closely connected to having excess weight in the belly.

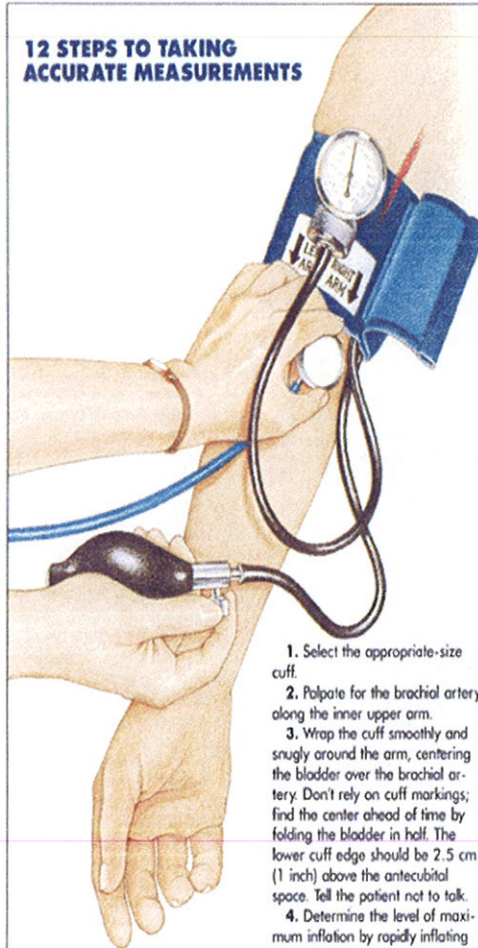
Obesity -- especially abdominal obesity. Experts say that metabolic syndrome is becoming more common because of rising obesity rates. In addition, having extra fat in the belly -- as opposed to elsewhere in the body -- seems to increase your risk.

Unhealthy lifestyle-Eating a diet high in fats and not getting enough physical activity can play a role.

Hormonal imbalance-Hormones may play a role. For instance, polycystic ovary syndrome (PCOS) -- a condition that affects fertility -- is related to hormonal imbalance and metabolic syndrome.

If you've just been diagnosed with metabolic syndrome, you might be anxious. But think of it as a wake-up call. It's time to get serious about improving your health. Making simple changes to your habits now can prevent serious illness in the future.

12 STEPS TO TAKING ACCURATE MEASUREMENTS



1. Select the appropriate-size cuff.
2. Palpate for the brachial artery along the inner upper arm.
3. Wrap the cuff smoothly and snugly around the arm, centering the bladder over the brachial artery. Don't rely on cuff markings; find the center ahead of time by folding the bladder in half. The lower cuff edge should be 2.5 cm (1 inch) above the antecubital space. Tell the patient not to talk.
4. Determine the level of maximum inflation by rapidly inflating the cuff while watching for the point where you can no longer feel the radial pulse (palpated systolic). To that reading, add 30 mm Hg.

5. Deflate the cuff rapidly and steadily, then wait 15 to 30 seconds before reinflating.
6. Insert the stethoscope earpieces, making sure they point forward. Apply the bell head lightly but with complete contact over the palpable brachial artery.
7. Inflate the cuff rapidly and steadily to the level of maximum inflation determined in step 4.
8. Release the air so the pressure falls at 2 to 3 mm Hg per second.
9. Listen for the onset of at least two consecutive beats (Korotkoff's sounds, phase 1). This is the systolic pressure. Note the closest mark on the manometer. Always record blood pressure measurements in even numbers.
10. Listen for a muffling sound (phase 4) with children or the cessation of sound (phase 5) with adults. This is the diastolic pressure. Continue listening for 10 to 20 mm Hg below the last sound to confirm your reading, then make sure to deflate the cuff rapidly and completely.
11. Record the patient's blood pressure, position (sitting or standing), cuff size, and the arm used for the measurement.
12. Wait 1 to 2 minutes before repeating the pressure measurement on the same arm, so the blood trapped in the arm veins can be released. If your patient's initial measurement is elevated, the American Heart Association recommends that you take two additional blood pressure measurements at 1- to 2-minute intervals. Refer the patient for treatment if the average of the second and third readings is elevated.

How TMRS is Different from Other Plans

Some of the news about retirement systems nationally has been troubling. There is a great deal of misinformation about public employee retirement plans, and a lively debate has ensued over whether public sector employees should even have traditional retirement programs. In some states, retirement systems are “underfunded” and, by some projections, will require large contributions to make them sound again.

It is important to understand the difference between TMRS and some of these other plans and to know that your retirement program is properly funded and secure. TMRS is a different type of retirement program from the standard “defined benefit” plan offered by many governments. Our plan design is flexible, and all employers (cities) are required each year to pay an amount into the plan that will ensure retirements are full funded. Our future assumed investment return is also more conservative than that of many other systems (7% instead of 8% or higher).

It is also important to remember that, although city contributions (and therefore tax dollars) paid for a portion of your benefit, you also contribute each month toward your retirement. The majority of your retirement benefit is funded by the System’s investment earnings.

TMRS published a pamphlet last year that contains important facts about how TMRS differs from some of the retirement plans that have been in the news. You can download or print a copy of “Understanding Benefits, Funding, and Economic Impact” from the TMRS website (go to www.tmr.com/down/pubs/BenefitsAndFunding_web.pdf). Or, if you would like us to send you a copy, send a note to communications@tmrs.com or call 800-924-8677

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