Metabolic Syndrome DecisionPath - Bemidji IHS 2/04

Patient screened for Metabolic Syndrome
Initial Screen: waist circumference (WC) & BP

If WC >40" men / >35" women, *and* BP ≥130/85 mmHg, **then** target and track for FBS, Lipids and repeat BP; *otherwise, council and recommend screening labs*

Diagnosis of Metabolic Syndrome (any 3 or more of the following criteria)

1. Abdominal obesity: Waist circumference >40 inches men; >35 inches women
2. Triglycerides ≥150 mg/dL
3. High density lipoprotein (HDL) <40 mg/dL men; <50 mg/dL women
4. Blood Pressure ≥130/85 mmHg (3 values)
5. Fasting Plasma Glucose ≥110 mg/dL
6. Microalbuminuria: Albumin/creatinine ratio 30-300 mg/g (2 of 3 tests positive)

Diagnosis of Metabolic Syndrome?

NO → **Rescreen in 1 year**

YES ↓

Does patient have Type 2 Diabetes?

YES → **Follow Standard of Care for Type 2 Diabetes**
See SDM Type 2 Master DecisionPath

NO ↓

Start Treatment for Metabolic Syndrome

1. All patients referred for lifestyle modifications and fitness counseling (if available)
2. Assess for alcohol and/or tobacco use
3. Aspirin for all patients >30 years of age; >25 years of age with 10 year CVD risk >20%
4. Additional Laboratory Tests
   Liver function test: ALT
   Serum creatinine
   Electrocardiogram
   Consider - C-reactive protein (CRP)
5. Consider pharmacological options if targets not achieved

Metabolic Syndrome Targets

1. Weight: 7% weight loss
2. Triglycerides <150 mg/dL
3. High Density Lipoprotein (HDL): >40 mg/dL men; >50 mg/dL women
4. Blood Presser <130/80 mmHg (<120/75 mmHg with renal disease)
5. Blood Glucose <110 mg/dL fasting; <140 mg/dL 2 hr. post-prandial (A1C within normal range)
6. Microalbuminuria: Improvement or stabilization of albumin/creatinine ratio

Pharmacological Options for Treatment of Metabolic Syndrome

Weight loss: Xenical, Fastin, Meridia
Dyslipidemia: Statins, fibrates, fish oil
Hypertension*: ACE inhibitors, ARBs, thiazides, CCBs, beta-blockers, alpha-blockers
Hyperglycemia: consider metformin for obese patients < age 65 yrs with pre-diabetes (see SDM Pre-Diabetes Clinic DecisionPath)

*ACE or ARB 1st line therapy for patients with microalbuminuria

Initial follow-up visit: at 3 months (weight, waist circumference, BMI, fasting lipid panel, blood pressure, glucose)

Long-term follow-up: quarterly (yearly microalbuminuria testing recommended)

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