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LETTER TO THE EDITOR

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Metabolic syndrome in clinical practice

We read with interest Fisman and Tenenbaum review [1] that discuss the predictive value of the metabolic syndrome (MetS) in terms of cardiovascular (CV) morbidity and mortality, thus highlighting its importance as an additional tool to estimate individual CV risk. A few comments may be of interest.

Apart from non-alcoholic fatty liver disease (NAFLD) and hyperuricemia [2] already mentioned in the review, MetS has also been linked to chronic kidney disease (CKD) [3] and peripheral artery disease (PAD) [4]. We have previously shown that MetS patients without diabetes had similar vascular disease prevalence (including coronary heart disease, stroke and PAD as those with diabetes but without MetS (24.1% vs. 25.4%, respectively) [5].

Statins play an important role in the treatment of MetS [6]. We have previously reported that statins, either alone (in the GREek Atorvastatin and Coronary heart disease Evaluation [GREACE] Study) or as a part of a multifactorial intervention (in Assessing The Treatment Effect in Metabolic syndrome without Perceptible diabeTes [ATTEMPT] study), may improve not only CV risk but also serum uric levels, kidney and renal function [7–10]; these beneficial effects were more prominent in CKD and NAFLD patients. Therefore, clinicians should keep in mind that these disease states related to MetS might help to intensify and tailor treatment to maximize clinical benefit.

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