

**Blood Pressure is the Strongest Component Associated with Arterial Stiffness in Mexican Patients with Metabolic Syndrome**

Grover-Paez Fernando<sup>1</sup>, Ramos-Becerra Carlos G<sup>2</sup>, Alanis-Sánchez Guillermo A<sup>3</sup>, Ognianov-Iantchoulev Assen<sup>4</sup>, Cardona-Müller David<sup>5</sup>, Totsuka-Sutto Sylvia E<sup>6</sup>, Pascoe-González Sara<sup>7</sup>, Cardona-Muñoz Ernesto G.<sup>8</sup>

<sup>1,2,3,4,5,6,7,8</sup>, Institute of Experimental and Clinical Therapeutics, Department of Physiology, University Center for Health Sciences, University of Guadalajara, México.

The prevalence of Metabolic Syndrome (MetS) in Mexico increased from 26.6% to 45% in 2012. Cardiovascular disease is the main cause of death in Mexico and arterial stiffness (AS) is an early subclinical vascular disease marker.

**Objective:** The aim of this cross-sectional study was to evaluate the correlation between the components of MetS and AS.

**Methods:** Sixty-three non-smoking male patients, 40 to 77 years old, were included (22 without MetS and 41 with MetS). Blood pressure and baPWV were measured with the “Vascular Profiler 1000” device (VP-1000) (Omron, Kyoto, Japan). The methodological details have been described previously (1). Mean right and left baPWV values were used for the analysis. Fasting plasma glucose (FPG) was measured using a glucose oxidase technique. Total cholesterol, high-density lipoprotein cholesterol (HDL-c), and triglycerides were assessed by enzymatic methods. All of these measurements were performed using commercially available kits (Beckman Instruments Inc, Brea, Calif.) All values are expressed as an average ± the standard deviation (SD); the association between MetS and AS measurements was analyzed using Pearson’s coefficient. P < 0.05 was accepted as statistically significant.

**Results:** Patient characteristics are listed in Table 1. Concerning AS parameters, we observed statistical differences in baPWV and peripheral pulse pressure (PP).

**Table 1. Anthropometric, metabolic, hemodynamic and arterial stiffness characteristics of patients without MS (n=22) and with (n=41) and**

Data	Metabolic Syndrome		p <sup>a</sup>
	No (n=22)	Yes (n= 41)	
Age, years	55.2 ± 7.8	58.1 ± 7.48	.083
BMI, (Kg/m <sup>2</sup> )	28.0 ± 3.2	28.7 ± 2.6	.292
Waist, (cm)	101.5 ± 9.1	101.81 ± 7.1	.988
FPG, (mg/dL)	90. ± 12.1	101.4 ± 19.9	.018
Triglycerides, (mg/dL)	118.6 ± 62.9	194.1 ± 31.46	.002
HDL-c, (mg/dL)	57.6 ± 14.9	48.5 ± 14.4	.019
LDL-c, (mg/dL)	98.5 ± 34.7	103.3 ± 42.1	.653
Total cholesterol, (mg/dL)	182.5 ± 26.3	175.1 ± 47.6	.524
Systolic blood pressure , (mmHg)	123.3 ± 7.8	146. 4 ± 18.0	<0.01
Diastolic blood pressure (mmHg)	76.1 ± 7.2	86.4 ± 9.4	<0.01
Peripheral pulse pressure (mmHg)	47.3± 9.4	59.7±15.4	<0.01
Mean baPWV (cm/s)	1347.0± 173.5	1578.7± 295.0	<0.05

Student t test was used to analyze difference of continuous variables between groups. Regarding the association of AS and MetS components (Table 2),

**Table 2. Correlation between the different components of Metabolic syndrome and arterial stiffness (n=41).**

Data	baPWV <sup>b</sup>	p	PP <sup>b</sup>	p
BMI	-.145	.443	-.283	.073
Waist	-.087	.052	-.314	.052
SBP	.753	<0.01	.853	<0.01
DBP	.603	<0.01	-.005	.976
Triglycerides	.231	.256	-.154	.363
HDL-c	-.236	.246	-.245	.144
FPG	-.065	.758	-.091	.598

<sup>b</sup>= Pearson’s r, was used to analyze the correlation between AS variables and MS

among patients with MetS, we observed strong and significant correlations between SBP and baPWV (r=.753, p=<0.001), between DBP and baPWV (r=.603, p=<0.001), and between SBP and PP(r=.853, p=<0.001).

**Conclusions:** This is the first study conducted in a Mexican patient population that demonstrates that blood pressure is the component of MetS that is most strongly associated with AS.

**References:** 1.- Yamashina A 2002