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Utility of the Visceral Adiposity Index and Hypertriglyceridemic Waist Phenotype for Predicting Incident Hypertension (*Endocrinol Metab* 2017;32:221-9, Mohsen Janghorbani et al.)

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We greatly appreciate the insightful suggestions and comments made by Dr. Eun-Jung Rhee [1] regarding our recent study, "Utility of the visceral adiposity index and hypertriglyceridemic waist phenotype for predicting incident hypertension," published in volume 32, issue 2 of *Endocrinology and Metabolism* [2]. We reported that the visceral adiposity index (VAI) and hypertriglyceridemic waist (HTGW) phenotype at baseline were related to an increased risk for hypertension (HTN) in a 7-year follow-up study of 1,375 first-degree non-diabetic and non-hypertensive relatives of patients with type 2 diabetes. We found that compared with those in the lowest VAI quintile at baseline, those in the highest baseline VAI quintile showed a 1.7-fold increased risk of incident HTN. Furthermore, those with the HTGW phenotype showed a 2.3-fold increased risk of incident HTN compared to those with a normal triglyceride (TG) level and normal waist circumference (WC).

In response, we would like to clarify several points. First, our results are consistent with the HTGW phenotype being a strong risk factor for type 2 diabetes. In our previous study, we reported a high risk of incident diabetes in individuals with the HTGW phenotype, a high base-line normal WC and high TG, or an enlarged WC but normal TG [3]. Those with the HTGW phenotype were 2.4-fold more likely to develop type 2 diabetes than those with normal WC and normal TG, while those with normal WC and high TG were 1.9-fold more likely and those with an enlarged WC but normal TG were 2.8-fold more likely. Second, there were metabolically healthy obese (MHO) individuals in this cohort, and we have published some papers to address the debate about the existence of MHO individuals in various ethnic populations [4-6]. Finally, as suggested by Dr. Rhee, we should interpret the results of studies in this cohort with caution, since these individuals with a family history of diabetes are at a high risk for metabolic derangement and diabetes.

We would like to express our appreciation to Dr. Eun-Jung Rhee for her comprehensive review and important comments on our article.

CONFLICTS OF INTEREST

No potential conflict of interest relevant to this article was reported.

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