

Which Criteria to Use to Identify Metabolic Syndrome among Patients with Addictive Disorders? Observations among Patients with Alcohol and Opioid Dependence Syndrome

Sir,

I read with interest the distinguished study by Singh *et al.*^[1] published in July–August 2018 issue of *Indian Journal of Endocrinology and Metabolism*. Singh *et al.*^[1] assessed the prevalence of metabolic syndrome (MetS) in patients with alcohol dependence syndrome (ADS) and opioid dependence syndrome (ODS) using revised National Cholesterol Education Programme Adult Treatment Panel (NCEP ATP-III) criteria and International Diabetes Federation (IDF) criteria. The authors found that among the individuals with ADS, the MetS prevalence was 20.8% and 9.9% according to the revised NCEP ATP-III criteria and IDF criteria, respectively. However, MetS prevalence among the individuals with ODS was found to be 20.3% and 5.1% according to revised NCEP ATP-III criteria and IDF criteria, respectively. While there was a good degree of concordance between IDF and modified NCEP ATP-III criteria for MetS for ADS ($n = 256$) ($\kappa = 0.649$, $P < 0.001$), the concordance was only fair for ODS ($\kappa = 0.333$, $P < 0.001$).^[1] The study results supported the recommendation that revised NCEP ATP-III criteria is a better choice than IDF criteria for identification of MetS in individuals having addictive disorders, especially opioid dependence.^[1] I presume that these results ought to be taken cautiously. The authors addressed few study limitations that could cast some suspicion on the study results, notably small sample size, only male sample, nonexclusion of nicotine dependence, and not assessing physical activity. I presume that the following methodological limitation related to the MetS definition criteria used in the study might be additionally relevant. Obviously, the used ATP-III^[2] and IDF^[3] criteria in Singh *et al.*'s study^[1] are both old and no more worthy as they were set more than a decade ago. It is worthy to mention that many national associations have constructed their own MetS definition criteria to precisely estimate MetS prevalence.^[4] To my knowledge, the new diagnostic MetS criteria in Indian population have been launched in 2016 to be used in the clinical setting and researches. These criteria include the following components: waist circumference greater than 35" in men and greater than 31" in women; serum triglycerides equal or greater than 150 mg/dL; serum high-density lipoprotein cholesterol <40 mg/dL for men and <50 mg/dl for women; blood pressure equal or greater than 130/85 mmHg; and fasting blood sugar >100 mg/dL (prediabetes).^[5] I wonder why Singh *et al.*^[1] did not refer to the Indian-specific MetS criteria in their study. I presume that using these criteria instead of NCEP ATP-III and IDF criteria could yield more accurate results.

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Conflicts of interest

There are no conflicts of interest.

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