

# Internal Medicine News

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Reflective wave patterns indicate vessel wall elasticity, which is a better predictor than blood pressure of cardiovascular disease.

BETTER THAN BLOOD PRESSURE

## Vascular Elasticity Predicts CVD Risk

BY ERIK L. GOLDMAN  
New York Bureau

NEW YORK — Blood pressure measurement may soon take a backseat to direct vascular elasticity measurement in the evaluation of cardiovascular risk.

Leaders in hypertension research speaking at the annual meeting of the American Society of Hypertension described a growing consensus that impaired vascular compliance and a concurrent rise in vascular rigidity is the central pathogenic process—and the first step on the road to

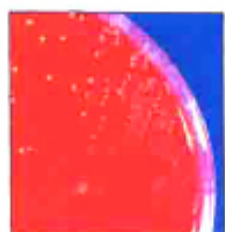
fatal cardiovascular events—in many cases of hypertension.

"Elevated blood pressure is not really the disease we're trying to treat. The disease is in the blood vessels. Blood pressure is a surrogate for vessel disease," said Dr. Jay Cohn, professor of medicine, University of Minnesota, Minneapolis.

There is growing evidence that the key change in patients at risk for cardiovascular events is reduced endothelial secretion of nitric oxide.

When nitric oxide is deficient, See CVD page 4

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#### Cat Scratch Endocarditis

*Bartonella* is causing culture-negative endocarditis.

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'Sartans' work best for young hypertensive patients.

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Low prevalence in ulcers, unrelated to GERD.

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INSULIN-SENSITIZING DRUGS MAY HELP

## 'Syndrome W' Flags Insulin Resistance In Perimenopause

Abdominal weight gain, white coat hypertension characterize the disorder.

BY ERIK L. GOLDMAN  
New York Bureau

NEW YORK — If you treat perimenopausal women, chances are you've seen "syndrome W." You just didn't know that it had a name.

Syndrome W is a constellation of abdominal weight gain, appetite dysregulation, hyperinsulinemia, and intermittent hypertension in an otherwise healthy, active, euglycemic middle-aged patient, said Dr. Harriette Mogul who reported on 67 women with the syndrome at the annual meeting of the American Society of Hypertension.

Dr. Mogul of the division of endocrinology, New York Medical

College, Valhalla, developed the concept of syndrome W after repeatedly seeing this pattern of symptoms in women coming in for hormone replacement consultations.

The W represents four key elements: women, weight gain, waist size increase, and white-coat hypertension. It is an early variant of syndrome X, a well-recognized disorder of insulin resistance.

She believes hyperinsulinemia, seen in 36 of the 67 women, is the underlying driver of this symptom aggregation and has found that drug and dietary interventions that decrease insulin levels will reduce both weight and blood pressure. These patients also

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DIAGNOSING LATENT INFECTION

## Cytokine Tests May Replace Tuberculin Skin Tests

Appear simpler, more efficient for testing.

BY BARBARA BAKER  
San Francisco Bureau

SAN FRANCISCO — The tuberculin skin test may go the way of the typewriter.

Cytokine-based assays may soon prove to be a simpler, more efficient way to detect latent tuberculosis infections, Dr. Charles L. Daley predicted at a meeting on infectious diseases sponsored by the University of California, San Francisco.

The new assays require just a serum sample and circumvent the need of the standard Mantoux skin test for a return office visit 48-72 hours later to have the wheal read.

Preliminary studies of a first-generation serum assay, the QuantiFERon tuberculosis test,

also indicate it may be more sensitive than the skin test, said Dr. Daley, who is the director of the chest clinic at San Francisco General Hospital.

This serum test is now available in Australia, where it is manufactured. A multicenter trial sponsored by the Centers for Disease Control and Prevention is currently underway to better evaluate its accuracy in the United States, he said.

Although the serum tests will be more expensive than the skin test, they may not end up costing more because personnel will not be needed to read the size of the induration, and there will be no need to perform repeat testing in patients who fail to return in time for a reading, he pointed out.

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### VITAL SIGNS

#### Average Monthly Administrative Cost Of Health Plans to Employers in 1998\*

	Cost Per Month Per Member	% of Total Premium Cost
HMO	\$47	15%
POS	\$35	10%
Indemnity	\$28	8%
PPO	\$19	6%
All Plans	\$33	10%

\*Based on a survey of 150 Fortune 1000 companies.

Source: Towers Perrin

MAILING LABEL



# Perimenopause

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most never need antihypertensive medication, Dr. Mogul pointed out.

"Syndrome W starts to happen around age 40," she said in an interview. "The patients come in very upset and frustrated over midlife abdominal weight gain, which they simply cannot lose no matter what they do. These people are highly active, nonsmokers with no history of hypercholesterolemia, diabetes, or any other cardiovascular risks."

Many were or still are athletes; they do not understand why they have pressure elevations or why they've gained weight, which in these patients shows no correlation with parity.

Office blood pressure measurements will typically be upward of 140/90 mm Hg. The elevations may be intermittent at first but tend to progress toward more sustained hypertension over time.

Patients uniformly have normal blood sugars but high insulin levels.

Question these patients closely about their eating behaviors; most will have highly irregular appetite patterns. Syndrome W patients often go all day without eating; they simply do not feel hungry. When they do sit down to eat something, they paradoxically get even hungrier, leading to uncontrolled bingeing.

Dr. Mogul and colleagues evaluated 278 consecutive women who came to the Menopausal Health Program at their institution over a 30-month period. Glucose testing was performed in 67 (24%) with body mass indices (BMIs) between 25 and 32 kg/m<sup>2</sup> and reported having gained 20 pounds or more since their 20s. This, she

said, is a key indicator of syndrome W.

Thirty-six (13%) of these women were hyperinsulinemic, though only five (2%) were hyperglycemic.

"In cross-tabulations, hyperinsulinemia had a strong statistical association with hypertension, dyslipidemia, and central adiposity. After controlling for relevant covariates including BMI, age, and estrogen use . . . insulin level was the strongest predictor of hypertension."

While the investigators have not definitively determined the mechanisms by which hyperinsulinemia drives hypertension and weight gain, they have found that patients can lower their blood pressures and lose weight with a low-carbohydrate, unrestricted-calorie diet and, in some cases, drug treatment to increase insulin sensitivity. Dr. Mogul has successfully treated the hyperinsulinemic women with a low-glycemic index diet that eliminates free sugars and limits carbohydrate intake to four servings per day.

Since many syndrome W patients are health- and exercise-oriented, they are capable of losing weight quickly, and the millimeters of mercury tend to drop with the pounds. "Within 1 month, you can normalize them with only 4-5 pounds of weight loss," she said.

Most patients will need pharmacologic help. Dr. Mogul has found metformin to be effective. She begins with a dosage of 500 mg/day for the first week, going to a twice daily regimen on the second week.

"The identification of *syndrome W* prior to the onset of overt impaired glucose tolerance, diabetes, or manifestations of cardiovascular disease provides opportunities for preventive interventions that could have important clinical and public health implications," Dr. Mogul concluded. ■

## Recognizing 'Syndrome W'

**D**r. Mogul offered a few simple questions that can help to identify patients who have syndrome W:

► First ask about midlife weight gain. Self-reported weight increases of more than 20 pounds since the patient was in her 20s are suggestive, especially if the gains are concentrated around the abdomen and hips and the patient is an active exerciser.

► Ask about waist size. An increase in waist measurement of 2 inches or more, or a pants/skirt waist size increase of 2 sizes since the patient's 20s, is also indicative. Dr. Mogul noted that a 1-inch

gain in waist size is roughly equivalent to a 10-pound total weight gain.

► Pay close attention to the patient's appetite and eating patterns. If she tends to go all day without eating, and then binges once she does stop to eat, she likely has syndrome W.

► Other key indicators include mildly elevated office blood pressure measurements (140/90 mm Hg or greater) in an otherwise healthy and active patient with no history of CVD, diabetes, or hyperinsulinemia in the context of euglycemia or mildly impaired glucose tolerance.