

Increased waistline and high triglyceride levels indicate risk of coronary heart disease

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People with a larger waistline and high triglyceride levels are at increased risk of coronary heart disease, according to a research study published in *CMAJ* (*Canadian Medical Association Journal*).

The concept of a hypertriglyceridemic waist phenotype, defined by high triglyceride levels and an increased waistline, had been previously proposed as a marker of metabolic abnormalities that could help predict increased risk of coronary heart disease.

The *CMAJ* study examined whether a hypertriglyceridemic waist type could be a useful, cost-effective screening tool to identify people at risk of [type 2 diabetes](#) and coronary heart disease. It looked at a group of 21 787 men and women aged 45 to 79 years living in Norfolk, United Kingdom involved in the European Prospective Investigation into Cancer and Nutrition (EPIC)-Norfolk study. Out of the total sample, 1295 men and 814 women developed coronary heart disease during the follow up period of up to 8 to 10 years.

In both men and women, increased waist circumference (even without higher triglyceride levels) and increased triglyceride levels (even without higher waist circumference) increased the risk of developing coronary heart disease. However, the key finding of the study was that the combined presence of increased waist circumference and increased [triglyceride levels](#) was associated with the highest risk of coronary heart disease.

"Among individuals classified at low coronary heart disease risk based on the absence of traditional risk factors, the presence of the hypertriglyceridemic waist is predictive of a substantially increased risk of [coronary heart disease](#)," write Drs. Benoît Arsenault and Jean-Pierre Després, Laval University, Quebec City, who have collaborated with investigators from the Netherlands and from the United Kingdom to conduct this study. "Although hypertriglyceridemic waist is a marker of excess intra-abdominal adiposity, it cannot be used on its own to properly assess coronary [heart disease](#) risk."

More information: www.cmaj.ca/cgi/doi/10.1503/cmaj.091276

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