Više od mršavljenja – smanjenje kardiometaboličkog rizika Beyond weight loss – cardiometabolic risk reduction

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Uvod: Mršavljenje može dovesti do smanjenja brojnih kardiovaskularnih rizičnih čimbenika, kao i strukturnog i funkcionalnog remodeliranja miokarda.¹⁻³

Pacijenti i metode: U istraživanje smo uključili 79 pretilih ispitanika (37 u kontrolnu skupinu, 42 u intenzivni program mršavljenja). Svi su praćeni ambulantno putem kardiološke poliklinike tijekom 12 mjeseci, u 3-mjesečnim intervalima. Svim je ispitanicima predloženo unaprjeđenje životnog stila i prehranbenih navika. Procjena kardiovaskularnih rizika, ehokardiografija, ergometrija, Holter EKG-a i 24h Holter tlaka učinjeni su na početku i na kraju ispitivanja.

Rezultati: Dobiveno je statistički značajno smanjenje volumena lijevog i desnog atrija, smanjenje mase ventrikula i sistoličkog tlaka, uz poboljšanje funkcijskog kapaciteta na ergometrijskom testiranju. Također je, prema HOMA metodi, smanjena inzulinska rezistencija sa značajnim padom upalotvornog markera CRP-a. Holterom EKG-a registrirano je značajno manje epizoda FA i broja SVES. Strukturne promjene među grupama bile su neovisne o tjelesnoj površini.

Zaključak: Strukturirani program mršavljenja dovodi do smanjenja kardiometaboličkog rizika, sa smanjenjem inzulinske rezistencije i modulacijom upale. Primijećeno je značajno smanjenje srčanih volumena i krvnog tlaka uz poboljšanje funkcijske sposobnosti ispitanika. Smatra se da je supresija supraventrikulske aritmogeneze odraz strukturnog i električnog remodeliranja srca.

Introduction: Weight loss can result in reduction of multiple cardiovascular risk factors, as well as cardiac structural and functional remodeling.¹⁻³

Patients and Methods: We enrolled 79 obese patients (37 in control group, 42 in intensive weight loss program). All patients were followed in cardiology outpatient department for 12 months, with a 3-month follow-up period. They were all advised to improve life-style and diet habits. All patients underwent initial and final cardiovascular risk assessment, echocardiography, exercise stress testing, ECG Holter monitoring and 24-hour blood pressure monitoring.

Results: We observed statistically significant improvement in LA and RA volumes, reduced ventricular mass, systolic blood pressure and improved functional capacity on treadmill test. Insulin resistance based on HOMA model also improved, with a significant fall in proinflammatory marker CRP. ECG Holter monitoring revealed significant reduction of AF episodes and SVPBs. Structural changes between groups were independent of the body surface area.

Conclusion: Structured weight loss program leads to improved cardiometabolic risk management, with reduced insulin resistance and modulation of inflammation. Significant reduction in cardiac volumes, blood pressure and added functional benefit was observed. Suppressed supraventricular arrhythmogenicity is hypothesized to reflect structural and electrical remodeling of the heart.

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