Do you use the diagnosis “metabolic syndrome” in your practice?

1) Yes, there is ample evidence in the peer reviewed literature that watching for early signs of insulin resistance and the accompanying syndrome of metabolic changes can lead to treatment that slows (and may even stop) the progression to various diseases that are long term sequelae.

2) Yes, and look for diabetes, hypertension and high lipids.

3) Yes, quite a lot. I find it helpful to cluster the risk factors. This helps me to be on the lookout for other risks if I see one, i.e., if a patient with a large waist comes in, I look for hypertension, lipids, sugar abnormalities.

4) Yes, frequently.

5) I do use this diagnosis as well as the individual components (obesity, hyperlipidemia, impaired fasting glucose, etc...). I agree with Dr. Hulson that it helps me organize the diagnosis and be on the lookout for conditions that are commonly associated with metabolic syndrome.

6) Yes, but rarely.

7) Nope. For me, the individual diseases are more constructive for developing a treatment plan and identifying goals for care than a generic syndrome name. Recognition of the syndrome and treating it's component parts is important, but since it is not a uniform diagnosis I don't feel it correctly conveys what my patient actually has.

8) I do.

9) No. It does not assist me in managing the individual components of the diagnosis.

10) I don't use this label as I don’t find it useful. Everyone needs the treatment for metabolic syndrome (eating right, exercising) and the "syndrome" is a large gray area between "normal" and overt DM, HTN, etc. Finally, do I want my patients who don't have metabolic syndrome to sit around and eat Big Macs until they have it?

11) Yes....and give the patient a handout from Griffith's "Info for patients" about it.