

Cardiometabolic Syndrome: Understanding Risk and Treatment

Satellite Conference and Live Webcast

Wednesday, March 5, 2008 • 2:00-4:00 p.m. (Central Time)
3:00-5:00 p.m. (Eastern Time) • 1:00-3:00 p.m. (Mountain Time) • 12:00-2:00 p.m. (Pacific Time)

The growing prevalence of the cardiometabolic syndrome (CMS) has been related to obesity, which has increased among many age groups. It is currently accepted that CMS predicts cardiovascular mortality and/or the development of type 2 diabetes mellitus. CMS is further complicated by modifications in body composition and fat redistribution and is often associated with altered insulin sensitivity. The primary goal of clinical management of the metabolic syndrome is to reduce the risk for type 2 diabetes and cardiovascular disease. A better understanding of the mechanisms of obesity may help to elucidate the complex relationship between CMS and mortality/morbidity.

According to the Centers for Disease Control and Prevention, individuals with type 2 diabetes have high rates of cholesterol and triglyceride abnormalities, obesity, and high blood pressure, all of which are major contributors to higher rates of cardiovascular disease. Many people with diabetes have several of these conditions at the same time. This combination of problems is often called metabolic syndrome (formerly known as Syndrome X). The metabolic syndrome is often defined as the presence of any three of the following conditions: 1) excess weight around the waist; 2) high levels of triglycerides; 3) low levels of HDL, or "good," cholesterol; 4) high blood pressure; and 5) high fasting blood glucose levels.

According to the National Heart Lung and Blood Institute (NHLBI), about 47 million adults in the United States (almost 25 percent) have metabolic syndrome. Some racial and ethnic groups in the United States are more at risk for metabolic syndrome than others. Mexican Americans have the highest rate of metabolic syndrome (32 percent). Caucasians (24 percent) and African Americans (22 percent) have lower rates.

Faculty:

Myrtle E. Goore, MD

Advanced Physicians Weight Management
American Society of Bariatric Physicians
Member of the Alabama Obesity Task Force
Montgomery, Alabama

Beverly Stoudemire-Howlett, MD

Cardiologist
Montgomery Cardiovascular Associates &
Montgomery Links Incorporated
Montgomery, Alabama

Terri Klose, RN, RD

Diabetes Educator
Jackson Hospital
Montgomery, Alabama

Conference Details:

Target Audience: Physicians, nurse practitioners, nurses, physician assistants, pharmacists, dietitians and social workers.

Registration: www.adph.org/alphtn

Cost: There is no cost to view.

Continuing Education: Alabama Board of Nursing 2.3 hrs Alabama State Nurses Assn. 1.9 hrs • 2 hrs of CME Category 1 credits • Social Workers 1.75 hrs • Nutritionists Pending Hours • Pharmacists 2.5 • All hours approved.

The Alabama Department of Public Health is an approved provider of continuing nursing education by the Alabama State Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. The Alabama Department of Public Health is also approved by the Alabama Board of Nursing (ABN) to provide continuing education for nurses (ABN provider number expires on December 5, 2010).

Satellite Technical Information: This program will be a live satellite broadcast on both Ku & C bands.

Webcast Information: This program will be a live webcast. Register at www.adph.org/alphtn. To view webcast, you need RealPlayer. Test your computer before the day of the program from the "test connection" link at www.adph.org/alphtn. On the day of the program, go to www.adph.org/alphtn Click on the "view webcast" link.

Conference Materials: Posted on our website approximately one week before the program for registered participants.

Questions For Faculty: Fax or email questions and a response will be given during the program.

Email: alphtnquestions@adph.state.al.us
Fax: 888-737-1972.

Conference Details Questions: Call 334-206-5618
Email: alphtn@adph.state.al.us

Program Objectives:

1. To provide epidemiological data specific to the increasing prevalence of cardiometabolic syndrome in Alabama and the nation.
2. Define cardiometabolic syndrome and discuss risk factors.
3. Explore the field of Bariatrics and weight management in reversing the metabolic syndrome.
4. Discuss appropriate nutritional interventions for clients with risk factors and/or the disease.