

## Satellite Symposium for Euro Global Summit & Medicare Expo on

# Weight Loss



### Diagnostic significance of obesity-induced insulin resistance and decreased sensitivity of periferial tissue in prevention of and care for comorbidities

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**O**besity and Insulin Resistance (IR) are the central issues in prevention of and care for comorbidities. In fact, the central problem is IR, which leads to a cascade of health problems. This condition should be diagnosed in primary practice and obesity clinics. Treatment should start at the earliest stage possible, when obesity-associated comorbidities are still reversible and includes a personalized dietary advice and counseling, preferably by a nutritionists/dietitians, and exercise program as a part of the treatment. Obesity-induced IR is a key component in the pathogenesis of type 2 diabetes mellitus (T2DM), hypertension, dyslipidemia and insulin resistance Sy (Metabolic Sy). We made effort to answer why we need a shift of paradigm regarding the relationship between body weight and comorbidities.

Adipose tissue macrophages (ATMs) are necessary and sufficient for the development of the adipose tissue inflammation and insulin resistance associated with obesity. Also, it's well known that longlasting or repeated temporary disturbances of glycoregulation in Metabolic Sy, obesity and pre-diabetes mellitus, disturbs insulin secretion of beta pancreatic cells with final stage, T2DM. For prevention of T2DM the most important is to detect "on time" first glycoregulation disturbances. Beside routine mesurement of fasting glycaemia and maybe OGTT, routine measurment of insulinaemia is not accepted in general practice in most of country in the world. ADA defined criteria IFC and IGT in 1997, and 2001. The WHO defined criteria of Sy X in 1998. and 2002 recommended measurment of insulinaemia, but not cheking of insulin sensitivity of pereferal tissue for exact diagnosis.

In our a randomized controlled trial, glycoregulation parameters were measured in 70 patients with Metabolic Sy including obesity, 51yrs. age-old and respectively 70 healthy individuals. Diagnostic significance of glycoregulation parameters and their ROC ANALYSIS were performed. Efficacy of Quicki indeks has better diagnostic performances and better efficiency than glycaemia and insulinaemia separately. Quicki indeks helps to distinguish non-functional hiperinsulinaemia and presence of hypoinsulinaemia in patient with obesity-induced insulin resistance and pre-diabetes mellitus (T2DM). Weight loss through diet and exercise leads to significant health improvement and is, therefore, the key in treatment of obesity and insulin resistance related comorbidities.

### Biography

Mila Vidin, MD, MSc. is a spesialist of Medical Biochemistry and Specialist of General Practice, as well as Master of Science of Molecular Imunogenetics. She graduated Medical School and Specialty of Medical Biochemistry at the University of Skopje, Macedonia (1983-1985). In 1982, she public defenced her Master thesis at the Interdisciplinary Center for Postgraduate studies of University of Zagreb, Croatia. Her PhD thesis is in field of Comparative Physiology. Practical analysis of her Master thesis for HLA tissue typing was conducted in Department for Imunoserology, Institute of Transfusiology and Haematology at the Medical School of Skopje. Other courses are in the field of Integrative Medicine (Bioresonant therapy), and Total Quality Management and Accreditation of Clinical Laboratory. She is a member of the Serbian Section of Rheumatologist, Biochemical Society of Serbia and President of NGO for Secondary Stroke Prevention. She is the author of monography, two books and 55 scientific papers.

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