



Metabolic Syndrome and Posttraumatic Stress Disorder Patients' Mental Health

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ABOUT THE STUDY

Posttraumatic Stress Disorder (PTSD) is an abnormal physiologic and psychological reaction in person with severe traumatic history. In recent studies, the relationship between PTSD and some other disease apparently unrelated to psychological situations such as cardiovascular diseases, diabetes, and metabolic syndrome has been revealed. Thus, the aim of this study was to survey the prevalence of metabolic syndrome and mental health in PTSD patients.

Individual with PTSD shows symptoms in three domains: Re-experiencing, avoidance, and hyperarousal. PTSD is an abnormal physiologic and psychological reaction in person with severe traumatic history. PTSD has two types, acute and chronic. Patients in acute form begin the symptoms for less than three months, while in chronic type; they have been diagnosed for more than three months. Sometimes PTSD can occur with a delayed start and symptoms appear six months or many years after the accident. Clinicians must also consider individuals preexisting biological and psychological factors and events that happened before and after the trauma.

Metabolic syndrome is described by a bunch of symptoms such as high blood pressure, obesity, dyslipidemia, and glucose intolerance. Therefore, it is one of the main risk factors for diabetes type 2 and cardiovascular diseases. Metabolic syndrome has a high prevalence in Middle East and its diagnosing in early stages is very important. According to International Diabetes Federation (IDF) criteria, metabolic syndrome includes waist circumference ≥ 90 cm plus two or more of these parameters: triglyceride (TG) ≥ 150 mg/dl, Fasting Blood Sugar (FBS) ≥ 100 mg/dl, High Density Lipoprotein Cholesterol (HDL) < 40 mg/dl, Diastolic Blood Pressure (DBP) ≥ 85 , and Systolic Blood Pressure (SBP) ≥ 130 .

Psychiatric patients have a greater risk of premature mortality, predominantly due to Cardiovascular Diseases (CVDs). Convincing evidence shows that psychiatric conditions are characterized by an increased risk of Metabolic Syndrome (MetS), a clustering of cardiovascular risk factors including dyslipidemia, abdominal obesity, hypertension, and hyperglycemia. This increased risk is present for a range of psychiatric conditions, including Major Depressive Disorder (MDD), Bipolar Disorder (BD), schizophrenia, anxiety disorder, Attention-deficit/Hyperactivity Disorder (ADHD), and Posttraumatic Stress Disorder (PTSD). There is some evidence for a dose-response association with the severity and duration of symptoms and for a bidirectional longitudinal impact between psychiatric disorders and MetS.

Specific psychotropic medications have also shown a profound impact in increasing MetS dysregulations. Finally, pleiotropy in genetic vulnerability and pathophysiological mechanisms, such as those leading to the increased central and peripheral activation of immunometabolic or endocrine systems, plays a role in both MetS and psychiatric disorder development. The excess risk of MetS and its unfavorable somatic health consequences justifies a high priority for future research, prevention, close monitoring, and treatment to reduce MetS in the vulnerable psychiatric patient.

The risk of MetS is increased in a range of psychiatric patients. This increased risk is due to an intricate combination of pathways acting synergistically and having a negative effect on the course of psychiatric diseases. MetS changes in psychiatric disorders could be causal, consequential, or due to an underlying same set of causes. A likely multitude of factors interact, including iatrogenic effects of psychotropic medication, an unhealthy lifestyle, poorer medical care of psychiatric patients, and genetic and pathophysiological vulnerability.

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