Dr. Jorge Lerman and Dr. Ricardo Iglesias have gathered together a group of well-known authors, who cover the whole spectrum of the so-called “metabolic syndrome”: the concept and the definition of this condition, its epidemiology and physiopathology, and other topics such as the alterations in carbohydrates, lipids, obesity, hypertension, metabolic syndrome in children and adolescents, and the role of the different possible treatments.

At the final chapter, “certainties and inquiries for the future”, the authors discuss the current controversy about naming this condition “metabolic syndrome”, and they clearly state that: According to physicians’ daily language, a “syndrome” is a clustering of clinical manifestations that occur together more often than would be expected by chance, and when a common cause is found this association constitutes a disease. The controversy focuses on two aspects: an appropriate definition and the existence of metabolic syndrome in itself.”

There are six definitions of this syndrome, but the most frequently referred to are those provided by the WHO, NCEP/ATP III and International Diabetes Federation; the lack of a unique definition reached by consensus poses a problem.

The existence of metabolic syndrome is questioned by some researchers who allege that the current definitions are not compatible; different factors combined do not necessarily predict greater risk than the sum of its components, the existence of a common pathology may not be true and they doubt the usefulness of a unified treatment.

Our ancestors were genetically and physiologically programmed to be hunter-gathers. Changes in current lifestyle have caused that those mechanisms useful to preserve humankind, such as the thrifty genotype originally orientated to provide energy storage during periods of intermittent fasting through insulin’s anabolic effect, have turned out to be responsible for people’s disability and death.

As Valentín Fuster states at the preface, «Every year 17 million deaths occur in the world as a consequence of cardiovascular diseases, and 80% take place in developing countries, constituting also an epidemic in the third world. In rich countries, most calories come from fat, while carbohydrates are the source of calories in poor countries because they are cheaper. Finally, different roads lead to the same ominous endpoint, and metabolic syndrome is an essential link in this evil chain.»

The authors untangle the mess of the definitions with a simple clinical proposal: metabolic syndrome may be considered possible in obese patients, especially with abdominal obesity, when associated with two or more clinical risk factors.

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