Waist Circumference And Insulin Resistance

Several factors play a role in developing insulin resistance, including your activity level and how much body fat you have. However, it’s specifically where you carry extra weight that best predicts insulin resistance, say researchers at the Washington University School of Medicine in St. Louis and at the University of Maryland in College Park.

In a study of 407 healthy men and women between the ages of 50 and 95, the researchers found that abdominal fat, most apparent in those with an “apple” shape, predicted insulin resistance better than either total body fat or cardiovascular fitness.

In the study, participants took an oral glucose tolerance test (OGTT) to determine their insulin sensitivity. They drank a sugary drink after a 10- to 12-hour fast, and then researchers took blood samples. The more insulin in a participant’s blood, the more resistant his or her cells were to insulin.

Participants then took a treadmill test to determine their cardiovascular fitness. Next, researchers measured the participants’ total body fat, including their body mass index. Then researchers measured each participant’s waist circumference to gauge abdominal fat.

When the researchers compared the results of the participants’ OGTTs, they found that participants with a large waist circumference were more likely to be insulin resistant than their counterparts with smaller waistlines, even among those with the same level of cardiovascular fitness or amount of total body fat.

In their conclusion, the researchers recommend that health care providers consider waist circumference when determining a patient’s risk of insulin resistance.

This study was published in the March 2006 issue of *Diabetes Care*.

—Terri D’Arrigo

Depression: An Equal-Opportunity Experience

Depression is more common in people with diabetes. So, how likely are people with diabetes to get treatment for depression, and how do they feel about that treatment? This was the focus of a study by researchers in Ohio and Connecticut.

The researchers surveyed 221 people, with type 1 or type 2 diabetes, who were visiting health fairs in the Northeast. Participants answered a 20-question survey about their mental health. The participants were culturally diverse: 53 percent were white, 30 percent were African American, 9 percent were Latino, and 8 percent were Asian-Pacific Islander or of mixed ethnic heritage.

Roughly 25 percent of participants reported high levels of depressive symptoms, which is similar to national estimates for people with diabetes. Rates of depression did not vary among ethnic groups. For example, whites were just as likely to report high levels of depression.
as African Americans.

“Depression is an equal-opportunity experience for people with diabetes,” says Mary de Groot, PhD, of Ohio University in Athens, who led the study.

Of those who had experienced depression at some point in their lives, 76 percent had received treatment, such as antidepressants or talk therapy. This is good news, says de Groot, because people are seeking out help.

Seventeen percent of people who were currently exhibiting high levels of depression were taking antidepressants. In addition, African Americans were less likely to say they’d received treatment for depression in their lifetime than whites in the study. As far as satisfaction, 63 percent of those using antidepressants felt satisfied and 59 percent of those who used a mental health provider were satisfied. A smaller proportion of people reported using herbal remedies like St. John’s wort, or alternative healers, such as a faith healer, for treatment.

“It’s important for patients to tell their doctors if they feel depressed. There are effective treatments that can help both depression and diabetes.”

—Mary de Groot, PhD

“The study was published in the March issue of Diabetes Care.

—Kate Ruder