FOLIA MEDICA
INDONESIANA

Vol. 43 No. 1 January - March 2007

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**Abstract**

Joint Statement of ADA and EASD in 2005 revealed: the term "metabolic syndrome" (the MetS) refers to a clustering of specific CVD risk factors whose underlying pathophysiology is thought to be related to insulin resistance. Until much needed research is completed, clinician should evaluate and treat all CVD risk factors without regard to whether a patient meets the criteria for diagnosis of the MetS. Rationale Strategies for the treatment of the MetS or insulin resistance syndrome in patients with T2DM are focused on 2 main targets. First, improving insulin sensitivity: Therapeutic Lifestyle Changes (TLCs) and Pharmacological Treatments, e.g. Glitazone Compounds, Metformin, Sibutramine, and Orlistat Etc. Second, treating the manifestations of IRS or the MetS: TLC and Pharmacological Interventions. This regimen is targeted (mmHg, ml/dl) for H, D, and L as follows: hypertension (H): < 130/85, and < 130/80 for diabetic patients, diabetes mellitus (D) &ndash; FPG < 100 or 2 hour post-75 glucose challenge < 140, and lipids (L) &ndash; TG < 150, and HDL-Cholesterol > 40 for men, and > 50 for women. It has been well established that TZDs enhance insulin sensitivity by acting as ligands for the transcription of PPAR-γ. There is a strong relationship between tissue lipid or TG content and insulin resistance in both skeletal muscle and liver. Recent studies demonstrated that rosiglitazone, a TZD, enhances insulin sensitivity in patients with T2DM by promoting increased insulin sensitivity in peripheral adipocytes, which results in lower plasma fatty acid levels and a redistribution of intracellular lipid from insulin responsive organs into peripheral adipocytes. Rosiglitazone (ROS) improves blood sugar levels in patients with T2DM by increasing glucose uptake at the peripheral tissues (acts through the PPAR-γ receptor system) and, to a lesser extent, by inhibiting hepatic glucose production (HGP), hence ROS acts also at the liver level. Complementary, metformin (MET) exerts an antihyperglycemic action by improving insulin action at the liver level and, to a lesser extent, at peripheral tissues.

**Keyword** : metabolic, syndrome, (MetS), Rosiglitazone, (ROS), Therapeutic, Lifestyle, Changes, (TLCs)insulin, resistance, syndrome, (IRS), T2DM

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**Daftar Pustaka**

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