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The syndrome is not a specific condition, but it groups together a set of risk factors that have been linked to a higher chance of developing cardiovascular disease and type 2 diabetes.The American Heart Association (AHA) describe metabolic syndrome as a "cluster of metabolic disorders," that includes high blood pressure, high fasting glucose levels, and abdominal obesity, which, combined, increase the risk of heart disease.Share on PinterestAlbert Martinez/StocksyAccording to the AHA, a doctor will often consider metabolic syndrome if a person has at least three of the following five symptoms:Central, visceral, abdominal obesity, specifically, a waist size of more than 40 inches in men and more than 35 inches in womenFasting blood glucose levels of 100 mg/dL or aboveBlood pressure of 130/85 mm/Hg or aboveBlood triglycerides levels of 150 mg/dL or higherHigh-density lipoprotein (HDL) cholesterol levels of 40 mg/dL or less for men and 50 mg/dL or less for womenHaving three or more of these factors signifies a higher risk of cardiovascular diseases, such as heart attack or stroke, and type 2 diabetes.Diagnosis initially aims to identify those people who could be at risk of metabolic syndrome, but who may benefit from lifestyle modifications rather than drug treatments.High blood glucose levels, high blood pressure, and lipid and cholesterol abnormalities can often be targeted early with lifestyle measures.However, some people may already be using medication for some aspect of metabolic syndrome, such as high blood pressure, when they receive their diagnosis.Losing weight, especially in the upper body can be an effective treatment.Suggested measures for preventing and treating abnormal cholesterol and other aspects of metabolic syndrome includeeating a "heart-healthy diet" that is low in sugar, fat, and sodium.taking regular exercisavoiding smoking and reducing alcohol intakeThe AHA suggest doing at least 150 minutes of moderate exercise each week. These can be broken up into 10-minute sessions. Brisk walking is a good way to start.Drug treatmentIf drug treatment is recommended, this is usually with metformin.This can help certain high-risk groups, especially people with high blood glucose levels and those on the spectrum of obesity that is not manageable with dietary and lifestyle modifications.Metformin is sold under the following brand names in the U.S.:FortametGlucophageGlumetzaRiometThe drug is not officially licensed for preventive use in people who have a high risk of diabetes because of metabolic syndrome.However, some doctors do prescribe metformin "off-label" to prevent diabetes in people with raised glucose levels and abdominal obesity. Diabetes specialists and evidence from clinical trials support this use.A study published in 2013 concluded that metformin is effective in reducing the risk of diabetes in adults with risk factors, but that diet and exercise changes are "approximately twice as effective."Other drugs may also be used in treating metabolic syndrome, such as statins in people with high levels of low-density lipoprotein (LDL) cholesterol.Antihypertensive drugs are used to treat high blood pressure.Again, lifestyle measures are tried first or in low-risk groups.RECALL OF METFORMIN EXTENDED RELEASEIn May 2020, the Food and Drug Administration (FDA) recommended that some makers of metformin extended release remove some of their tablets from the U.S. market. This is because an unacceptable level of a probable carcinogen (cancer-causing agent) was found in some extended-release metformin tablets. If you currently take this drug, call your healthcare provider. They will advise whether you should continue to take your medication or if you need a new prescription.The DASH diet is recommended for preventing and treating metabolic syndrome. The diet aims to prevent hypertension.It recommends:choosing foods from healthful sourceslimiting intake of red meats, sodium, saturated fats and total fats, and sweetened foods and drinksconsuming plenty of fruits and vegetables, wholegrains, fish, and nutsThe DASH diet focuses on what people eat rather than how to reduce calories, but those who wish to lose weight can follow the diet at a lower calorie level. Not all medical guidelines agree on the exact thresholds to use for a diagnosis of metabolic syndrome.Controversy remains, for instance, about the best way to measure and define obesity. Options include body mass index (BMI), height-waist ratio, or other means. A person may also have high blood pressure or high blood glucose, for example, that is not related to obesity.The above criteria were created in an attempt to harmonize diagnoses. However, doctors will also consider an individual's circumstances.Metabolic syndrome and childhood obesity Metabolic syndrome, sometimes abbreviated to Mets, can start in childhood, alongside early obesity, dyslipidemia, and high blood pressure.Due to concerns about the rise in obesity among young people in recent years, some have called for early screening to identify those with a higher cardiovascular risk.This could make it possible to target changes toward a healthier lifestyle and reduce the chance of health problems later in life.How and when to screen for and diagnose metabolic syndrome and obesity in children, however, remains controversial. One reason is that growing children show wide variance in these factors.According to the Centers for Disease Control (CDC), in the United States overall, almost 1 in 5 young people aged 6 to 19 years now live with obesity, three times the number in the 1970s. These people could be at risk of developing health problems as they enter adulthood.Metabolic syndrome is a collection of risk factors, so there is not a single cause.Having central obesity or overweight is a major factor, but abnormal blood lipid and cholesterol levels, high blood pressure, and prediabetes also contribute to cardiometabolic risk.Unavoidable risk factors, such as family history and ethnic background, can increase the chance of developing some components.However, lifestyle choices can impact all these factors.A diet that is high in fat and sugar, together with a lack of exercise, has been associated with the development of obesity and related conditions.However, symptoms such as insulin resistance do not necessarily accompany obesity or indicate metabolic syndrome.Insulin resistance, is a feature of metabolic syndrome and obesity, and it can lead to cardiovascular disease and type 2 diabetes, but it can also be a sign of other conditions. Examples include Cushing's disease, polycystic ovary syndrome (PCOS), nonalcoholic fatty liver disease, and chronic kidney disease.Other problems that are sometimes associated with metabolic syndrome, insulin resistance, and high blood sugar include low-level inflammation and blood clotting defects. These can also contribute to the development of cardiovascular disease.The following factors increase the risk of developing metabolic syndrome:a large waistlinea family history of metabolic syndromea lack of exercise combined with a high-calorie dietinsulin resistancethe use of some medicationsSome drugs that are used to treat inflammation, HIV, allergies, and depression can increase the risk of gaining weight gain or experiencing changes in blood pressure, cholesterol, and blood sugar levels.Find out more from the following MNT pages:How much should I weigh? This article includes information on various measures of obesity, including BMI, waist-to-hip ratio and body fat percentageHow to lose weight This article provides information on how to adjust diet and exercise and lose the high-risk fat tissueRead this article in Spanish. Last medically reviewed on May 17, 2018Medical News Today has strict sourcing guidelines and draws only from peer-reviewed studies, academic research institutions, and medical journals and associations. We avoid using tertiary references. We link primary sources — including studies, scientific references, and statistics — within each article and also list them in the resources section at the bottom of our articles. You can learn more about how we ensure our content is accurate and current by reading our editorial policy>About metabolic syndrome. (2017, October 20) S., Katzmarzyk, P. T., Srinivasan, S. R., Chen, W., Bouchar, C., Freedman, D. S., & Berenson, G. S. (2010, May). 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