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Editor for
Journal of Metabolic Syndrome
Dr. Leonardo Roever was Graduated in 2002, had his specialization in 2003, Master's degree in Health Sciences from the UFU (2008), and improvement by the National Heart, Lung, and Blood Institute NHLBI-USA (2014). He has experience in healthcare, with emphasis on Cardiology acting on the following topics: atherosclerosis, ectopic adipositophaty, biomarkers, inflammatory markers, metabolic syndrome, coronary artery disease, cardiovascular prevention, clinical epidemiology, clinical research, biostatistics, aging and the development of new diagnostic and therapeutic methods. Reviewer journals such as Circulation, European Heart Journal, JACC, Stem Cells, Nature (EJCN), Stroke, Neurology, Chest, Critical Care Medicine and others. Ad Hoc is the American Heart Association (AHA-USA) and the National Institute of Health (NIH, USA). Author and co-author of more than 20 national and international scientific publications. Chief Editor of Research Topics: Cardiac Remodeling: New Insights in Physiological and Pathological Adaptations of Frontiers in Physiology in Switzerland. Academic Editor of Medicine (USA-Baltimore, Maryland).
RESEARCH INTERESTS

Dr. Leonardo Roever research interests are Atherosclerosis, Ectopic adipositophaty, Biomarkers, Inflammatory markers, Metabolic syndrome, Coronary artery disease, Cardiovascular prevention, Clinical epidemiology.
The association of left ventricular mass with coronary atherosclerosis and myocardial ischemia: cause and effect or simple association?
Metabolic syndrome is a disorder of energy utilization and storage, diagnosed by a co-occurrence of three out of five of the following medical conditions: abdominal (central) obesity, elevated blood pressure, elevated fasting plasma glucose, high serum triglycerides, and low high-density cholesterol (HDL) levels.

Metabolic syndrome increases the risk of developing cardiovascular disease, particularly heart failure, and diabetes. Some studies have shown the prevalence in the USA to be an estimated 34% of the adult population, and the prevalence increases with age.
Metabolic syndrome is also known as metabolic syndrome X, cardiometabolic syndrome, syndrome X, insulin resistance syndrome, Reaven's syndrome (named for Gerald Reaven), and CHAOS (in Australia).

**Metabolic Syndrome and Diabetes**

Metabolic syndrome is a disorder of energy utilization and storage, diagnosed by a co-occurrence of three out of five of the following medical conditions: abdominal (central) obesity, elevated blood pressure, elevated fasting plasma glucose, high serum triglycerides, and low high-density cholesterol (HDL) levels. Metabolic syndrome increases the risk of developing cardiovascular disease, particularly heart failure, and diabetes.
**Definition (IDF):**
Central obesity (usually BMI > 30 kg/m²), plus 2 of the following:
- TGs > 150 mg/dL
- HDL < 40-50 mg/dL
- ↑ blood pressure
- hyperglycemia

**Complications of Chronic Diabetes:**
- chronic kidney disease
- cardiovascular disease
- peripheral nerve damage
- eye disease & blindness
- non-healing skin ulcers, usually leading to amputations
- non-alcoholic fatty liver disease, which can lead to cirrhosis

**Systemic glucotoxicity:**
- Fatty liver disease
- Heart disease
- Pre-diabetes, followed by overt diabetes

**Systemic lipotoxicity:**
- Abnormal visceral adipose tissue function:
  - Glucose uptake
  - Lipid uptake
  - Lipoysis

**Systemic proinflammatory cytokines:**
- Adipose tissue hormones:
  - Leptin (but with resistance)
  - Satiety
  - Energy expenditure

**Systemic low-grade inflammation:**
- Pancreatic islet mass, followed by exhaustion
- Abnormal gastrointestinal activity:
  - Dietary fats & sugar absorption
  - Gut motility
  - Alterations in gut microbiota, contributing to metabolic disease

**Abnormal central regulation of systemic metabolism:**
- Disrupted endocrine hormone axes (RPI)
- Dysregulated afferent autonomic nervous system

**Dysregulated afferent autonomic nervous system:**
- Pancreatic hormones:
  - Glutagon
  - Insulin (but with resistance)

**Dietary nutrients:**
- CCK
- Ghrelin
- PYY
- ECoS
- GLP-1
- GIP

**Incretin action:**
- Stimulates insulin release
- Inhibits glucagon release
- Increases insulin sensitivity
- Affects gut motility

**Anti-inflammatory & pro-inflammatory cytokines:**
- Adipose Tissue hormones:
  - Leptin (but with resistance)
  - Satiety
  - Energy expenditure
- Immune dysregulation
- Angiogenesis dysregulation
- Subclinical bone dysphonia
- Adiponectin
- Glucagon-like peptide
- Glucose uptake
- Insulin sensitivity
- Body weight
- Endothelial function
METABOLIC SYNDROME RELATED JOURNALS

- Metabolomics: Open Access
- Journal of Diabetes & Metabolism
- Endocrinology & Metabolic Syndrome
- Diabetology & Metabolic Syndrome
- Diabetes, Metabolic Syndrome and Obesity: Targets and Therapy
- Metabolic Syndrome and Related Disorders
- Journal of Diabetes & Metabolic Disorders
- Global Journal of Obesity, Diabetes and Metabolic Syndrome
METABOLIC SYNDROME
RELATED CONFERENCES

- 2\textsuperscript{nd} International Conference on Endocrinology
- 5\textsuperscript{th} International Conference on Diabetes & Metabolism
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Leonardo Roever