Association between microalbuminuria and metabolic syndrome in patients with rheumatoid arthritis

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Sir, I read the interesting study by Abdelmonem *et al*. [1] on the association between microalbuminuria and metabolic syndrome (MetS) in Egyptian patients with rheumatoid arthritis (RA) published in the latest issue of *Egypt Rheumatol Rehabil*. On the basis of the Grundy criteria [2], the authors found that the prevalence of MetS was highly statistically significant in patients with RA (60%) compared with the control group (10%). The RA patients' group had highly significantly elevated mean values of urinary microalbumin and urinary albumin to creatinine ratio compared with the control group [1]. I presume that these results ought to be interpreted with caution. This is based on the following methodological limitation related to the MetS definition criteria used in the study. It is obvious that in the clinical setting and researches, there are many criteria for MetS. These include the following: National Cholesterol Education Program Adult Treatment Panel III; International Diabetes Federation (IDF); American Heart Association; Joint Interim Statement; and WHO. There is inconsistent consensus on the precision of these criteria in diagnosing MS [3]. In Egypt, estimations of the prevalence of MetS using different criteria have yielded variable results, namely, 42.5% (National Cholesterol Education Program Adult Treatment Panel III definition), 43.8% (American Heart Association definition), 44.3% (IDF definition), 33.8% (IDF definition with Egyptian cut-offs), and 41.5% (Joint Interim Statement with Egyptian cut-offs) [4]. As many national associations have suggested their own diagnostic MetS criteria [5], I presume that the establishment of national Egyptian MetS definition criteria could better estimate the prevalence of MetS in patients with various health disorders. Despite the above-mentioned limitation, the high prevalence of MetS reported in patients with RA (60%) [1] should trigger the need for strict interventions to preserve renal functions and decrease future adverse cardiovascular outcomes.

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Conflicts of interest

There are no conflicts of interest.

References

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