

## Feno-fibrate and heart failure outcomes; the obesity paradox are among the top endocrinology subjects.

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### Introduction

According to recent evidence, Feno-fibrate was associated with a reduction in heart failure hospitalizations and cardiovascular-related mortality in individuals with type 2 diabetes who took simvastatin compared to placebo. In the Feno-fibrate Intervention and Event Lowering in Diabetes (FIELD) study, researchers looked at whether CVD risk and Feno-fibrate effects differed in subjects with and without metabolic syndrome, as well as according to various features of metabolic syndrome defined by the Adult Treatment Panel III (ATP III) in subjects with type 2 diabetes. The prevalence and characteristics of metabolic syndrome were calculated. The independent contributions of metabolic syndrome features to overall CVD event rates and the effects of feno-fibrate were determined using Cox proportional models adjusted for age, sex, CVD status, and baseline A1C levels [1].

Subjects with metabolic syndrome are more likely to acquire diabetes and are at a higher risk for future Cardiovascular Disease (CVD) events. Differential risk for CVD is conferred by the several components of metabolic syndrome (abdominal obesity, dyslipidemia, hypertension, and glucose deregulation) dependent on how far they stray from physiological normality. The National Cholesterol Education Program Adult Treatment Panel III (ATP III) guidelines are the most often utilized clinically to identify metabolic syndrome. Previous researchers have found that the exact impact of each metabolic syndrome component in modifying risk after diabetes is present varies. The Feno-Fibrate Intervention and Event Lowering in Diabetic (FIELD) trial looked at the long-term effects of feno-fibrate on CVD events in type 2 diabetes patients. The study used a cohort of 9,795 patients who were tracked for an average of 5 years to see if CVD event rates were higher in subjects with or without specific metabolic syndrome symptoms. Because feno-fibrate alters lipid parameters by altering LDL particle shape, boosting HDL cholesterol, and lowering triglycerides, CVD event rates may be lowered to a greater extent in people who have metabolic syndrome symptoms and a higher atherogenic lipid profile at baseline.

The effect of feno-fibrate was predominantly found in patients who were on routine background glucose-lowering medication, according to the researchers. Last week, it was the most talked-about topic in endocrinology. Another hot topic was a clinical experiment that looked at the so-called

"obesity paradox," or the beneficial outcome shown in people with obesity in acute medical conditions when they were hospitalized with community-acquired pneumonia. Obese patients did not have a shorter time to clinical stability than those of normal weight, according to the study [2].

Longitudinal research have revealed the existence of an "obesity paradox," a clinical phenomenon in which fat people have a lower risk of death (or better survival) than non-obese people in clinical subpopulations. While obesity is still linked to a higher risk of death in the general population, there is evidence that it may give some protection to people who have already been diagnosed with a disease. Obesity has been shown to have a paradoxical benefit in the treatment of a variety of cardiovascular diseases, including myocardial infarction, hypertension, patients who have had a coronary bypass, peripheral vascular disease, atrial fibrillation, and aortic stenosis, as well as patients with cardiac implants and other Acute Coronary Syndromes (ACS).

Patients with pneumonia, cancer, chronic obstructive pulmonary disease (COPD), renal disease, stroke, chronic respiratory insufficiency, and diabetes mellitus are all affected by this paradox. The obesity paradox has been demonstrated specifically in heart failure patients, with consistent results seen across a wide range of clinical subpopulations, including geographical locations, gender, age range, the presence or absence of comorbidities, and different measures of body fatness-BMI, Triceps Skinfold Thickness (TSF), Waist-Hip Ratio (WHR), and Waist Circumference (WC) [3].

### ***Feno-fibrate may lower heart failure hospitalization, CV mortality in type 2 diabetes***

According to an analysis of the ACCORD Lipid study, feno-fibrate reduced the composite of heart failure hospitalizations or cardiovascular mortality in a group of patients with type 2 diabetes treated with simvastatin. This effect was mostly seen in patients who were on normal glucose-lowering treatment.

According to the findings, obese patients who were admitted to the hospital with community-acquired pneumonia did not have a faster time to clinical stability than their normal-weight counterparts. While our study cannot prove a 'obesity paradox,' it does show that being underweight can worsen the course of disease in CAP patients, the researchers concluded [4].

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Despite a dip in time to clinical stability and length of hospital stay for overweight patients in our multivariable fractional polynomials interaction graphs, our multivariate regression analysis revealed no therapeutic advantage. Future research should incorporate other clinical features such as waist circumference, hip-to-waist ratio, or fat mass to better reflect metabolic status than BMI alone in order to uncover whether overweight individuals benefit. Furthermore, mechanistic research into the underlying mechanisms of obesity, immune-metabolism, and acute systemic infections is required in this sector [5].

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