

## Abdominal obesity criteria for Turkish men and women, and relevance of smoking for obesity/Obesity and abdominal obesity; an alarming challenge for cardio-metabolic risk in Turkish adults

*Türk erkek ve kadınları için abdominal obezite kriterleri ve obezite ile sigara içimi ilişkisi/Türk erişkinlerinde kardiyometabolik risk için alarm; obezite ve abdominal obezite*

Dear Editor,

The article by Oğuz and associates on obesity and abdominal obesity in Turkish adults (1) is of interest and provides further prevalences in age groups in a large cohort, which essentially confirms those previously reported in the Turkish Adult Risk Factor (2) or the Trabzon studies (3). However, the two sets of criteria used for abdominal obesity, namely those of the NCEP Adult Treatment Panel-III (ATP-III) and the International Diabetes Federation (IDF), each have been shown by us in prospective studies (4, 5) not to be optimally appropriate in one of the sexes. The IDF criterion for men and the ATP-III criterion for women are definitely preferable which virtually coincides with the criteria used in the past 3 years by the Turkish Adult Risk Factor Study. Persistence to apply any of the Western sets of criteria in the article leads to over one-third of all men being not captured by these definitions when compared to women. That such grotesque differences in abdominal obesity do not exist among Turkish adults are attested by authors' findings of waist circumference which exhibits a mean difference of 1.6 cm among genders. Turkish men just do not have wide and women slender waist girths as Westerners. Similar to Japanese and Koreans preferring their own definitions of abdominal obesity, Turks should adhere to criteria derived from studies of their own population. Otherwise, one is likely not to discern adequately the interrelation between abdominal obesity and other pertinent parameters, and physicians would be led to miss hundreds of thousands of Turkish men at high cardiometabolic risk.

It is unfortunate that an interesting datum regarding smoking status has been totally neglected to be analyzed in relation to obesity, an issue, which has bearing on cardio-metabolic risk among Turks (6, 7). The finding by Oğuz and coworkers of current smokers being twice as commonly in women and 1.5-fold as commonly in men in lean compared with abdominally obese individuals is perfectly in line with other important studies. This should have been analyzed in detail to support or disagree –albeit in a cross-sectional design- with the prospective findings of high interest of the Turkish Adult Risk Factor Study. The provided comment that “the lower ratio of smoking in abdominally-obese group can be explained with the higher female/male ratio” is invalidated by their own findings. Similarly, blood pressure and total cholesterol being associated with lower odds for abdominal obesity has been clearly misinterpreted as “a pseudo-inverse relation” because we have shown prospectively that current smoking protects middle-aged Turks from the development of hypertension (7). The considerations presented here are not purely of academic interest.

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Author reply

Dear Editor,

We totally agree upon that different cut-off values should be used based on our national findings as well as international values on assessing abdominal obesity in Turkish adults. In one of our studies, investigating the waist circumference cut-off values related to insulin resistance among Turkish population, which has been just completed and is currently in edition phase, the waist circumference is found to be closer to the values proposed by Onat et al (1). However, because of the fact that there is no widely accepted national consensus currently published, our assessment is fulfilled according to the internationally accepted criteria.

We believe that it is surely appropriate to discuss the role of smoking. Moreover, we also mentioned about smoking in our article (2). But, our disagreement is related to the fact that the observational findings about the protective effect of smoking against metabolic syndrome should be supported by the results of this cross-sectional study still persists.

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