

1 **Prevalence metabolic disorder in adolescent Residing in Al-Dawadmi**  
2 **and Shaqra regions of Saudi Arabia**

3 **Abstract:**

4 The recent study was aimed to estimate the prevalence and develop the relationship of  
5 the clinical history like diabetes, cardiac disease and vitamin D deficiency and obesity  
6 and their impact on metabolic disorders for adolescent residing near Dawadmi and  
7 Shaqra region. Two hundred samples (142 Females & 58 Males) were utilized in the  
8 study with an age ranging 13-20 and distributed the questionnaire to record the  
9 responses. The results exhibited that 38 % subjects responded positively for clinical  
10 history with cardiac disease, while 70.5 and 47 % responded positively for the clinical  
11 history with diabetes and vitamin D deficiency. The clinical history with diabetes,  
12 cardiac disease and vitamin D deficiency was observed the major risk factors acting  
13 in descending order diabetes-cardiac disease-vitamin D deficiency.

14 **Keywords:** Metabolic disorder in adolescent, risk factors

15

16 **INTRODUCTION:**

17 The prevalence of metabolic syndrome in adolescent is enhanced due to the increase  
18 in the obese population [1]. The amalgamation of dyslipidemia, regulation of glucose,  
19 adiposity and hypertension is denoted as the metabolic syndrome that have long been  
20 associated in the obese adolescent with high risks of diabetes and heart disease [2].  
21 Metabolic syndrome is reported with an increased risk of death from Coronary heart  
22 disease (CHD), Cardiovascular disease (CVD), and all other causes [3]. On the other  
23 hand the level of 25(OH)D in the serum has been reported to possess an inverse

24 relationship with the metabolic Syndrome [4-6]. Metabolic syndrome affects nearly  
25 twenty five percent of the adolescent population worldwide with varying prevalence  
26 according to the definition used, ethnicity under study, and level of urbanization [7].  
27 Many research has been carried out by various countries targeting the prevalence of  
28 metabolic syndrome in adolescent population [8-10]. Mar Bibiloni M reported a cross  
29 sectional study aiming the metabolic syndrome in adolescent in the Balearic island  
30 [11]. Recently the prevalence of metabolic syndrome among adolescents in a city in  
31 the Mediterranean area with comparison of two definitions has also been reported by  
32 Rafael Galera-Martinez et al. [12]. The worldwide prevalence of the metabolic  
33 syndrome has been reported 10-84%, 34.5 %(ATP III) and 39 % (IDF) [13, 14]. The  
34 prevalence of metabolic syndrome in gulf countries like Oman, UAE has been  
35 reported to be 17% and 40.5 % following both ATP III and IDF Criteria. The  
36 prevalence of obesity in Saudi Arabia has been reported as 39.3 % following the ATP  
37 III criteria additionally the prevalence of other parameters for metabolic syndrome has  
38 been reached to the apex in the kingdom [15, 16]. Saudi Arabia has been considered  
39 worldwide as the country with high prevalence of diabetes and in the same manner the  
40 obesity has the direct effect on more than 1/3 adolescent population [17]. The recent  
41 study is designed to understand the prevalence of metabolic syndrome, association  
42 with obesity and risk factors in adolescent population of Al-Dawadmi and Shaqra  
43 Region of Saudi Arabia.

#### 44 **MATERIALS AND METHODS:**

45 This study was performed in the Department of Basic Sciences, College of Medicine  
46 Dawadmi, Shaqra University KSA in collaboration with hospitals of Dawadmi and  
47 Shaqra region. The study protocol was approved by the college scientific council and  
48 ethical committees of our institute/university.

49 **SAMPLE SIZE ESTIMATION:**

50 The sample size was estimated according to the prevalence of metabolic  
51 syndrome in Saudi that is 10%. The sample size was estimated according to the  
52 formula:

53 
$$N = \frac{4PQ}{L^2}$$
 where, P= prevalence of metabolic syndrome, Q= 100-P,

54 L=Errors

55 
$$N = \frac{4 \times 10 \times 90}{5 \times 5} = 144$$

56 This sample size is estimated according to the prevalence of metabolic syndrome in  
57 Saudi that varies between 9.5 -10.0 percent.

58 The sample size was found to be 144 and we will take round figure 150.

59 **STUDY POPULATION**

60 In the present study the subject under investigation was chosen on the basis of some  
61 parameters such as- age, sex, dietary conditions and their life styles with the experts.

62 **The inclusion and exclusion criteria will be as follows-**

63 **Inclusion Criteria**

- 64 1. Subject with diabetes
- 65 2. Subject with obesity
- 66 3. Subject with vitamin D deficiency
- 67 4. Subject with heart disease
- 68 5. Subject of age between 13-20.

69 **Exclusion Criteria**

- 70 1. Patients below age 13 or above 20
- 71 2. Pregnancy
- 72 3. Patients undergoing chemotherapy
- 73 4. Patients undergone surgeries

74 5. HIV Patients

75 6. Patients excluded with Strokes, Ischaemia, cardiac arrest.

76 **Methodology and Techniques**

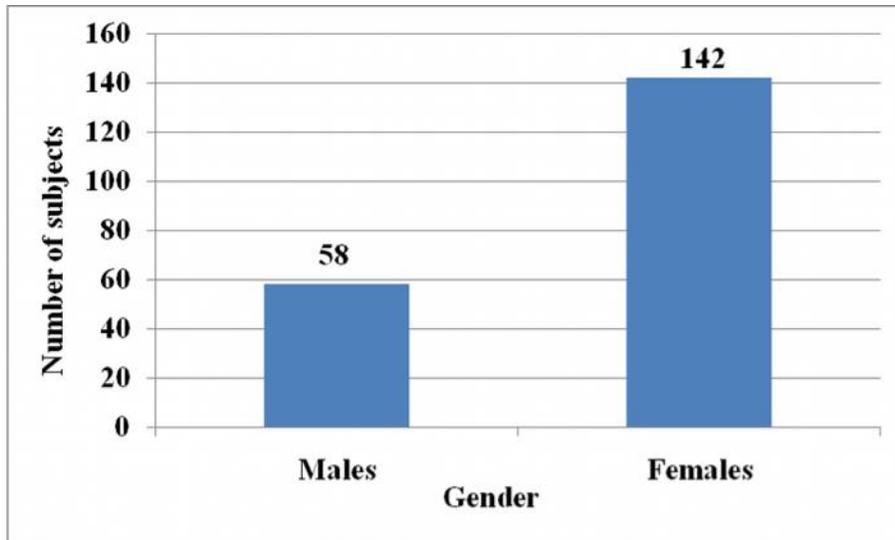
77 The recent study is a survey based study that include the questionnaire applying the  
78 direct contact to the patients. Statistical analysis of the data was performed using  
79 window based latest version of SPSS software,  $p < 0.05$  was considered statistically  
80 significant (Performa attached as supplementary material).

81 **RESULTS AND DISCUSSION:**

82 The survey based study was carried out targeting the peoples residing in Dawadmi  
83 and Shaqra region. The questionnaire was distributed among two hundred adolescents  
84 (142 Females & 58 Males) with metabolic disorders and their response were recorded.

85 When we tried to develop the relationship between the clinical history of these people  
86 with respect to the cardiac disease 38 % responded that they have the relatives with  
87 cardiac disease while 62 % do not have any relative with cardiac disease. The findings  
88 were a different in case of clinical history with respect to diabetes 70.5 percent  
89 subjects responded positive and 29.5 percent negative. The clinical history  
90 considering the vitamin D deficiency exhibited wonderful results and stated that 47 %  
91 subjects were having relatives with vitamin D deficiency while 52 % subjects  
92 responded negatively.

93 **Figure-1** Representing the distribution of subjects on the basis of gender



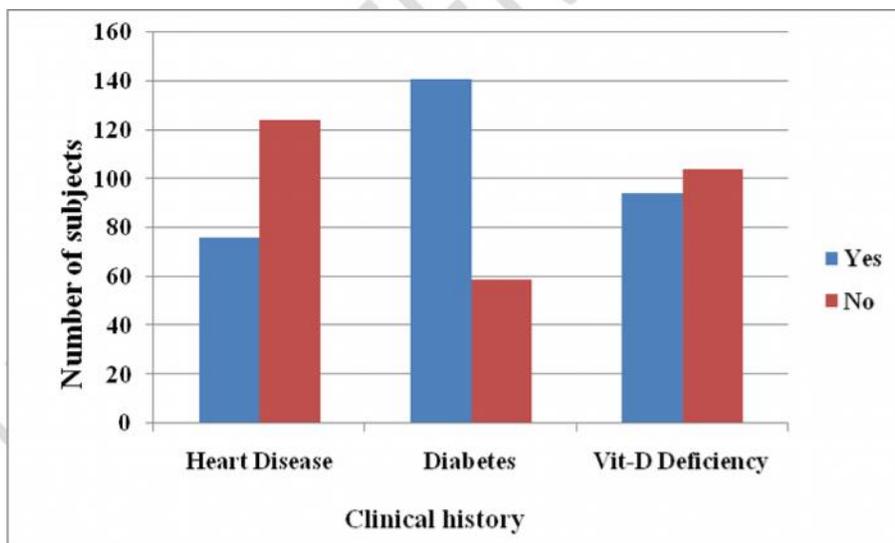
94

95

96

97 **Figure-2** Representing the response of the subjects with clinical history like heart

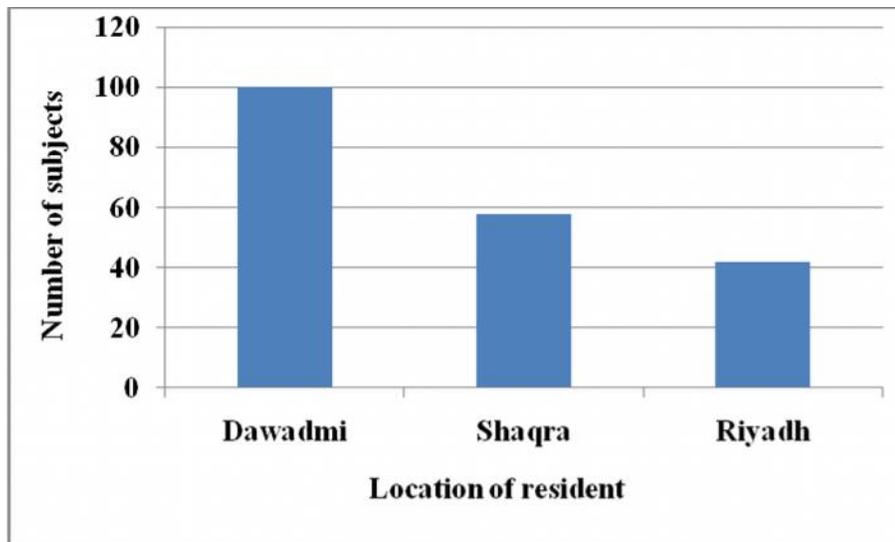
98 disease, diabetes and vitamin D deficiency



99

100 **Figure-3** Representing the distribution of subjects on the basis of location of

101 residents.



102

103 **CONCLUSION:**

104 Two hundred patients (142 females and 58 males) residing in dawadmi and shaqra  
 105 region with metabolic disorder were subjected for the study and results revealed that  
 106 the metabolic disorder has strong relation with vitamin D deficiency. On the other  
 107 hand it was also observed that approximately fifty percent people with obesity were  
 108 found to possess diabetes and cardiovascular diseases despite their age. The study will  
 109 help to understand the risk factors and monitor the prevalence rate of metabolic  
 110 syndrome and their proper management.

111 **REFERENCES:**

- 112 1. Ogden CL, Carroll MD, Lawman HG, et al. Trends in Obesity Prevalence  
 113 Among Children and Adolescents in the United States, 1988-1994 Through  
 114 2013-2014. JAMA 2016;315:2292-9.
- 115 2. Sean Barnes, Myron Yaster, Sapna R. Kudchadkar, Pediatric Sedation  
 116 Management, [Pediatrics in Review](#), 2016, Vol. 37, 5,
- 117 3. Malik S, Wong ND, Franklin SS, Kamath TV, L'Italien GJ, Pio JR, et al.  
 118 Impact of the metabolic syndrome on mortality from coronary heart disease,

- 119 cardiovascular disease, and all causes in United States adults. *Circulation*.  
120 2004;110:1245–50. 6.
- 121 4. K.C. Maki, V.L. Fulgoni, D.R. Keast, T.M. Rains, K.M. Park, M.R. Rubin,  
122 Vitamin D intake and status are associated with lower prevalence of metabolic  
123 syndrome in U.S. adults: National Health and Nutrition Examination Surveys  
124 2003–2006, *Metab. Syndr. Relat. Dis.* 10 (2012) 363–372.
- 125 5. S.Y. Ju, H.S. Jeong, H. Kim, Blood vitamin D status and metabolic syndrome  
126 in the general adult population: a dose-response metaanalysis, *J. Clin.*  
127 *Endocrinol. Metab.* 99 (2014) 1053–1063.
- 128 6. A. Vitezova, M.C. Zillikens, T.W. van Herpt, E.J. Sijbrands, A. Hofman, A.G.  
129 Uitterlinden, O.H. Franco, J.C. Kiefte-de Jong, Vitamin D status and  
130 metabolic syndrome in the elderly: the Rotterdam Study, *Eur. J. Endocrinol.*  
131 172 (2015) 327–335.
- 132 7. International Diabetes Federation: IDF Worldwide Definition of the Metabolic  
133 Syndrome. <http://www.idf.org/metabolic-syndrome> Accessed 13 Feb 2017.
- 134 8. Vissers D, Vanroy C, De Meulenaere A, Van de Sompel A, Truijen S, Van  
135 Gaal L. Metabolic syndrome in youth: a cross-sectional school-based survey.  
136 *Acta Paediatr* 2007;96:1809-13. 5.
- 137 9. Pirkola J, Tammelin T, Bloigu A, Pouta A, Laitinen J, Ruukonen A, et al.  
138 Prevalence of metabolic syndrome at age 16 using the International Diabetes  
139 Federation paediatric definition. *Arch Dis Child* 2008;93:945-51. 6.
- 140 10. Ekelund U, Anderssen S, Andersen LB, Riddoch CJ, Sardinha LB, Luan J, et  
141 al. Prevalence and correlates of the metabolic syndrome in a population-based  
142 sample of European youth. *Am J Clin Nutr* 2009;89:90-6.

- 143 11. Mar Bibiloni M, Martínez E, Llull R, Maffiotte E, Riesco M, Llompart I, et al.  
144 Metabolic syndrome in adolescents in the Balearic Islands, a Mediterranean  
145 region. *Nutr Metab Cardiovasc Dis* 2011;21:446-54
- 146 12. Rafael Galera-Martínez , Emilio García-García<sup>2</sup> , M.<sup>a</sup> Ángeles Vázquez-  
147 López<sup>1</sup> , María Ortiz-Pérez<sup>1</sup> , Ana Mar Ruiz-Sánchez<sup>1</sup> , Manuel Martín-  
148 González<sup>1</sup> , Pablo Garrido-Fernández<sup>3</sup> and Antonio Bonillo-Perales,  
149 Prevalence of metabolic syndrome among adolescents in a city in the  
150 Mediterranean area: comparison of two definitions. *Nutr Hosp*.  
151 2015;32(2):627-633.
- 152 13. Kaur J. A comprehensive review on metabolic syndrome. *Cardiol Res Pract*.  
153 2014; <https://doi.org/10.1155/2014/943162>.
- 154 14. Ford ES. Prevalence of the metabolic syndrome defined by the international  
155 diabetes federation among adults in the U.S. *Diabetes Care*. 2005;28:2745–9.
- 156 15. Al-Nozha M, Al-Khadra A, Arafah MR, Al-Maatouq MA, Khalil MZ, Khan  
157 NB, et al. Metabolic syndrome in Saudi Arabia. *Saudi Med J*. 2005;26:1918–  
158 25.
- 159 16. Al-Rubeaan K, Al-Manaa H, Khoja T, Ahmad N, Al-Sharqawi A, Siddiqui K,  
160 et al. The Saudi abnormal glucose metabolism and diabetes impact study  
161 (SAUDI-DM). *Ann Saudi Med*. 2014;34:465–75.
- 162 17. Al-Rubeaan K, Youssef AM, AlFarsi Y, Al-Sharqawi AH, Bawazeer N,  
163 AlOtaibi MT, et al. Anthropometric cutoff values for predicting metabolic  
164 syndrome in a Saudi community: from the SAUDI-DM study. *Ann Saudi*  
165 *Med*. 2017;37: 21–30. 17. Al-Nozha MM, Al-Mazrou YY, Al-Maatouq MA,  
166 Arafah MR, Khalil MZ, Khan NB, et al. Obesity in Saudi Arabia. *Saudi Med*  
167 *J*. 2005;26:824–9.