



2013 International Conference on Diabetes and Metabolism & 5th Asian Association for the Study of Diabetes

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Abstract Submission Status																																						
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Affiliations	1. L5 research center, China Medical University Hospital 2. Department of Public Health, China Medical University 3. Vascular & Medicinal Research, Texas Heart Institute 4. MD FACC Mount Sinai Medical Center, New York																																					
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A novel total lipoprotein electronegativity index for predicting cardiometabolic risk

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Objectives : The most electronegative subfractions of chromatographically resolved low-density lipoprotein (LDL) and very-low-density lipoprotein (VLDL), L5 and V5, are highly atherogenic. High-density lipoprotein (HDL) can similarly be resolved into subfractions; H5 exhibits reduced cholesterol efflux capacity and appears dysfunctional. Therefore, we examined the clinical implications of lipoprotein electronegativity by analyzing plasma H5, L5, and V5 levels in 33 asymptomatic subjects with cardiometabolic risk factors.

Methods : Plasma HDL, LDL, and VLDL of 33 individuals were resolved into subfractions with increasing negative charge (H1-H5 for HDL, L1-L5 for LDL, and V1-V5 for VLDL) by anion-exchange chromatography.

Results : H5, L5, and V5 concentrations were 18.4±10.6, 19.6±18.9, and 10.5±7.6 mg/dL, respectively. The Jonckheere's trend test revealed that the total lipoprotein electronegativity index (H5+L5+V5) increased with the number of metabolic syndrome criteria ($P<0.001$). When total cholesterol (TC) and age were also included in the analyses, the index was significantly ($P<0.05$) associated with age (Spearman's rho, 0.41), waist circumference (0.44), systolic blood pressure (0.40), and levels of fasting glucose (0.49), TC (0.52), and triglyceride (0.49). Stepwise regression analysis revealed that fasting glucose (FG) and TC levels contributed to 40% of index variance; thus, we derived the following formula for predicting plasma total lipoprotein electronegativity: $([0.36 \times \text{FG}] + [0.23 \times \text{TC}] - 34)$.

Conclusions : Large-scale clinical trials are warranted to test the reliability of this formula and the clinical importance of the total lipoprotein electronegativity index.

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