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Metabolic syndrome and post-traumatic stress disorder patients' mental health

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ABOUT THE STUDY

Posttraumatic Stress Disorder (PTSD) is an abnormal physiologic and psychological reaction in those who have experienced significant trauma. Recent research has discovered a link between PTSD and diseases that appear to be unconnected to psychiatric conditions, such as cardiovascular disease, diabetes, and metabolic syndrome. The purpose of this study was to determine the prevalence of metabolic syndrome and mental health in PTSD patients.

Individuals suffering from PTSD exhibit symptoms in three areas: re-experiencing, avoidance, and hyper arousal. PTSD is an aberrant physiologic and psychological reaction in those who have experienced significant stress. There are two types of PTSD: acute and chronic. Those with acute symptoms have symptoms for less than three months, and patients with chronic symptoms have been diagnosed for more than three months. Sometimes PTSD develops slowly and symptoms arise six months or years after the injury. Clinicians must also take into account the individual's pre-existing biological and psychological variables, as well as events that occurred before and after the trauma.

High blood pressure, obesity, dyslipidemia, and glucose intolerance are all indications of metabolic syndrome. Therefore, it is one of the key risk factors for diabetes type 2 and cardiovascular disorders. The Middle East has a high frequency of metabolic syndrome, and early detection is critical. The International Diabetes Federation (IDF) defines metabolic syndrome as a waist circumference of 90 cm plus two or more of the following parameters: Triglyceride (TG) 150 mg/dl, Fasting Blood Sugar (FBS) 100 mg/dl, High Density Lipoprotein Cholesterol (HDL) 40 mg/dl, Diastolic Blood Pressure (DIABP) 85, and Systolic Blood Pressure (SYSBP) 130.

Psychiatric patients are more likely to die prematurely,

primarily from Cardiovascular Diseases (CVDs). Convincing data suggests that psychiatric disorders are associated with an elevated risk of Metabolic Syndrome (MetS), a grouping of cardiovascular risk factors that includes dyslipidemia, abdominal obesity, hypertension, and hyperglycaemia. This increased risk exists for a variety of mental illnesses, including Major Depressive Disorder (MDD), Bipolar Disorder (BD), Schizophrenia, Anxiety Disorder, Attention-deficit/Hyperactivity Disorder (ADHD), and Posttraumatic Stress Disorder (PTSD). There is some evidence for a dose-response relationship with symptom severity and duration, as well as a bidirectional longitudinal impact of psychiatric diseases on MetS.

Certain psychiatric medicines have also been demonstrated to have a significant impact on enhancing MetS dysregulations. Finally, pleiotropic in genetic vulnerability and pathophysiological processes, such as those resulting in enhanced central and peripheral activation of immunometabolic or endocrine systems, plays a role in the development of both MetS and psychiatric disorders. The increased risk of MetS, as well as its negative somatic health implications, supports a high priority for future study, prevention, vigilant monitoring, and treatment to reduce MetS in vulnerable psychiatric patients.

MetS risk is elevated in a variety of psychiatric patients. This elevated risk is caused by a complex network of mechanisms that work together to negatively impact the progression of psychiatric illnesses. MetS alterations in psychiatric diseases could be causal, consequential, or due to the same set of underlying factors. A number of factors, including iatrogenic effects of psychotropic medication, an unhealthy lifestyle, and worse medical care for mental patients, and genetic and pathophysiological vulnerability, are likely to interact.