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 Study (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 and two-thirds of all women being not captured by these definitions when compared to women. That such grotesque differences in abdominal obesity do not exist among Turkish adults is 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 interrelationship 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. However, the two sets of criteria used for abdominal obesity, namely those 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.

References

Address for Correspondence/Yazma Adresi: Prof. Dr. Altan Onat Nispetye Cd. 37 / 24. 80630 Etiler, İstanbul, Turkey
Phone: +90 212 351 62 17 Fax: +90 212 351 42 35
E-mail: alt_onat@yahoo.com.tr