

1. Record Nr.	UNINA9910144678003321
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Titolo	Insulin resistance [[electronic resource]] : a clinical handbook / / Andrew J. Krentz
Pubbl/distr/stampa	Oxford ; ; Malden, Mass., : Blackwell Science, c2002
ISBN	1-282-12300-9 9786612123009 0-470-69892-6 0-470-69838-1
Descrizione fisica	1 online resource (202 p.)
Disciplina	616.4/6207
Soggetti	Insulin resistance
Lingua di pubblicazione	Inglese
Formato	Materiale a stampa
Livello bibliografico	Monografia
Note generali	Description based upon print version of record.
Nota di bibliografia	Includes bibliographical references and index.
Nota di contenuto	Insulin Resistance A Clinical Handbook; Contents; Preface; About the author; Acknowledgements; 1 Pathophysiology of insulin resistance; 1.1 Introduction; 1.2 Normal physiology; 1.2.1 Hormonal regulation of metabolism; 1.2.2 The insulin receptor; 1.2.3 Post-binding events; 1.2.4 Glucose metabolism; 1.2.5 Lipid metabolism; 1.2.6 Protein metabolism; 1.2.7 Ion transport; 1.3 The concept of insulin resistance; 1.3.1 Early studies of insulin action; 1.3.2 Radioimmunoassays for insulin; 1.4 Definitions of insulin resistance; 1.5 Assessment of insulin action in vivo 1.5.1 Fasting insulin concentration 1.5.2 Dynamic techniques-endogenous insulin; 1.5.3 Dynamic techniques-exogenous insulin; 1.5.4 Mathematical modelling techniques; 1.5.5 Insulin suppression test; 1.5.6 Hyperinsulinaemic euglycaemic clamp technique; 1.5.7 Complementary techniques; 1.6 Mechanisms of insulin resistance; 1.6.1 Genetic defects; 1.6.2 Acquired forms of insulin resistance; 1.6.3 Fetal origins hypothesis; 1.7 Further reading; 2 Insulin resistance in clinical medicine; 2.1 Clinical features; 2.2 Factors influencing insulin sensitivity; 2.2.1 Normal variation in insulin action 2.2.2 Sex 2.2.3 Age; 2.2.4 Physical exercise; 2.2.5 Tobacco; 2.2.6 Alcohol; 2.3 Physiological states of insulin resistance; 2.3.1 Puberty; 2.3.2 Pregnancy; 2.3.3 Menstrual cycle; 2.3.4 The menopause; 2.4

Severe insulin-resistance syndromes; 2.5 Insulin resistance and cardiovascular risk; 2.5.1 Syndrome X; 2.5.2 Obesity; 2.5.3 Regional adiposity; 2.5.4 Impaired glucose tolerance; 2.5.5 Type 2 diabetes mellitus; 2.5.6 Essential hypertension; 2.5.7 Dyslipidaemia; 2.5.8 Endothelial dysfunction; 2.5.9 Microalbuminuria; 2.5.10 Hyperuricaemia; 2.5.11 Impaired fibrinolysis
2.5.12 Polycystic ovary syndrome 2.5.13 Non-alcoholic steatohepatitis;
2.6 Other disorders associated with insulin resistance; 2.6.1 Counter-regulatory hormone secretion; 2.6.2 Endocrinopathies; 2.6.3 Chronic renal failure; 2.6.4 Hepatic cirrhosis; 2.6.5 Cardiac failure; 2.7 Miscellaneous inherited disorders; 2.8 Drug-induced insulin resistance; 2.9 Further reading; 3 Management of insulin resistance and associated conditions; 3.1 Non-pharmacological measures; 3.1.1 Medical nutrition therapy; 3.1.2 Physical activity; 3.1.3 Alcohol; 3.1.4 Tobacco; 3.2 Drugs for type 2 diabetes; 3.2.1 Biguanides
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3.5.7 Aspirin

Sommario/riassunto

Insulin resistance, defined as a reduced biological action of insulin, has emerged as a major factor in the development and progression of a number of common non-communicable diseases in man. The role of insulin resistance in the aetiology of type 2 diabetes is particularly well-established. However, insulin resistance has also come to be regarded as a key component of a broader syndrome of common metabolic defects that conspire to increase the risk of atherosclerotic coronary heart disease. The ramifications of insulin resistance now embrace many different medical specialties. The obje
