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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

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## 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

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