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| Autore | Krentz Andrew J |
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| 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<br>1.5.1 Fasting insulin concentration1.5.2 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<br>2.2.2 Sex2.2.3 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 syndrome2.5.13 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
3.2.2 Thiazolidinediones3.2.3 Sulphonylureas; 3.2.4 Meglitinide analogues; 3.2.5 -Glucosidase inhibitors; 3.2.6 Insulin; 3.3 Antiobesity drugs; 3.3.1 Sibutramine; 3.3.2 Orlistat; 3.3.3 Leptin; 3.2.4 3-adrenocepter agonists; 3.4 Lipid-modifying drugs; 3.4.1 Fibric acid derivatives; 3.4.2 Acipimox; 3.4.3 Statins; 3.4.4 Omega-3 fatty acids; 3.5 Antihypertensive drugs; 3.2.4 -adrenocepter agonists; 3.5.2 Calcium-channel blockers; 3.5.3 Angiotensin converting enzyme inhibitors; 3.5.4 Angiotensin II receptor antagonists; 3.5.5 1-Receptor blockers; 3.5.6 Selective imidazoline receptor agonists
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