

CDC de Canarias

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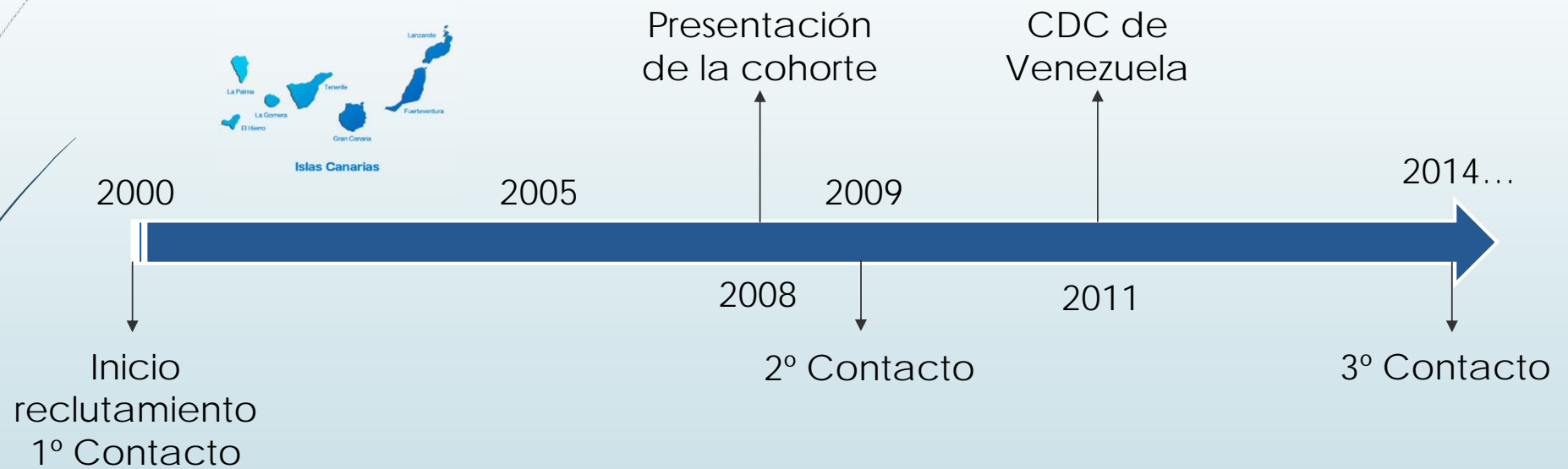
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Líneas de investigación

- Epidemiología cardiovascular
- Proyectos activos:
 - Proyecto Cohorte CDC de Canarias
 - Proyecto de Cribado en diabetes
 - Proyecto DISFRUTE

Cohorte CDC de Canarias



Cohorte CDC de Canarias

- Cardiovascular, diabetes y cáncer
- 2000 – 2005
- 6729 participantes
- Medidas antropométricas, encuesta de salud, bioquímica y biomarcadores.
- Sangre total, suero y ADN.
- Actualmente en fase de reclutamiento



Publicaciones

A word cloud centered around the theme of cardiovascular risk. The words are arranged in a circular pattern, with 'Riesgo cardiovascular' at the center. Other prominent words include 'Resistina', 'Autoinmunidad', 'Obesidad', 'Leptina', 'Alimentación', 'Hormonas', 'Péptido C', 'Hipertensión', 'Diabetes Mellitus', 'Síndrome metabólico', 'Polimorfismos', 'Cáncer', 'Sedentarismo', 'Clase social', and 'Altitud'. The words are in various colors and orientations, creating a dynamic visual effect.

Altitud

Clase social

Autoinmunidad

Leptina

Resistina

Obesidad

Riesgo cardiovascular

Síndrome metabólico

Diabetes Mellitus

Hipertensión

Péptido C

Alimentación

Hormonas

Polimorfismos

Cáncer

Sedentarismo

Publicaciones

Advance Publication

Journal of Atherosclerosis and Thrombosis / Volume 21 Number 1

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Original Article

Relationships between Serum Resistin and Fat Intake, Serum Lipid Concentrations and Adiposity in the General Population

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Aims: The serum resistin level is associated with the incidence of ischemic heart disease in the general population. We analyzed the associations between serum resistin and fat intake, serum lipid concentrations and adiposity in the general population.

Methods: A cross-sectional study of 6,637 randomly recruited adults was conducted. The resistin levels were measured in thawed aliquots of serum using an enzyme immunoanalysis technique.

Results: The resistin level exhibited a positive nonparametric correlation with saturated fat intake ($p < 0.001$) and an inverse correlation with adherence to the Mediterranean diet ($p < 0.001$), monounsaturated fat intake ($p < 0.05$), total serum cholesterol ($p < 0.001$), non-HDL cholesterol ($p < 0.001$), LDL cholesterol ($p < 0.001$), body mass index ($p < 0.001$), waist circumference ($p < 0.001$) and the waist/height ratio ($p < 0.001$). An elevated resistin concentration (fifth quintile) was associated with adherence to the Mediterranean diet (OR=0.82 CI_{95%}=0.71-0.93), saturated fat intake (OR=1.34 CI_{95%}=1.16-1.56), monounsaturated fat intake (OR=0.88 CI_{95%}=0.78-0.99), a total cholesterol level of ≥ 200 mg/dL (OR=0.81 CI_{95%}=0.72-0.91), a low HDL cholesterol level (OR=0.84 CI_{95%}=0.76-0.93), a high non-HDL cholesterol level (OR=0.84 CI_{95%}=0.72-0.99), a high LDL cholesterol level (OR=0.82 CI_{95%}=0.70-0.97) and a waist/height ratio of ≥ 0.55 (OR=0.76 CI_{95%}=0.67-0.85). The multivariate models corroborated the positive associations between the resistin level and saturated fat intake ($p < 0.001$) and serum triglycerides ($p = 0.004$) and the inverse associations between the resistin level and adherence to the Mediterranean diet ($p = 0.002$), total serum cholesterol ($p < 0.001$) and cholesterol fractions and the waist/height ratio ($p = 0.02$).

Conclusions: In the general population, the serum resistin level is associated with fat intake: positively with saturated fat intake and inversely with monounsaturated fat intake. As a consequence, the resistin level is also inversely associated with adherence to the Mediterranean diet. In addition, the resistin level is inversely associated with the serum cholesterol level and adiposity.

J Atheroscler Thromb, 2014; 21:000-000.

Publicaciones

Open Journal of Immunology, 2014, 4, 42-50
Published Online June 2014 in SciRes. <http://www.scirp.org/journal/oji>
<http://dx.doi.org/10.4236/oji.2014.42006>



An Overview of Leptin and the Th1/Th2 Balance

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Abstract

Adipocytes produce hormones and adipokines, among others leptin, with metabolic and inflammatory responses. The role of leptin involves different subsets of the immune system. Low levels of serum leptin concentrations are associated with bacterial infections and produce susceptibility to allergic diseases and type Th2 autoimmune diseases. High levels of leptin are associated with Th1 autoimmune diseases via inflammatory responses. Leptin resistance, that happens in obesity, is characterized by the presence of high levels of serum leptin itself accompanied by a clinical situation of a Th2 response. There is a relationship between obesity, leptin resistance, altered immunity and sex hormones. Serum leptin concentration (Th1 response) in women is higher than in men maybe to achieve the balance Th1/Th2 because of the high level of estrogenic hormones (Th2 response) in women.

Publicaciones

[Immunol Lett. 2014 Sep;161\(1\):6-12. doi: 10.1016/j.imlet.2014.04.009. Epub 2014 Apr 23.](#)

Anti-ENA profiles related with anti-SS-A/Ro. The detection of Ro52 and Ro60 according to the presence of SS-B/La, and ANA pattern and titer.

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⊕ Author information

Abstract

Anti-Ro52 (Ro52) and anti-Ro60 (Ro60) antibodies are associated with different clinical entities. We investigated their relationship with the presence of anti-SS-B/La (SSB) antibody, the pattern and titer of antinuclear antibody (ANA), and the variations in antibody profiles related with anti-SS-A/Ro (SSA) positivity. Our aim was to develop a strategy to increase the efficiency of anti-extractable nuclear antigen (ENA) determinations. Statistical analyses were based on the Chi-squared test for categorical variables, the Mann-Whitney U test to compare profiles, and the odds ratio (OR) and 95% confidence interval (95% CI) to estimate the risk of variability. We analyzed 800 SSA-positive samples with Ro52 or Ro60 reactivity. The most frequent profiles were Ro52+Ro60+SSB (n=349, 43.6%); Ro52+Ro60 (n=126, 15.8%); Ro52 (n=121, 15.1%) and Ro60 (n=71, 8.9%). In samples positive only for SSA and an ANA titer $\leq 1:640$, the most likely profile was positivity for either Ro52 or Ro60, whereas when the ANA titer was $>1:640$, positivity for both Ro52 and Ro60 simultaneously was more likely ($p<0.001$). In samples positive for both SSA and SSB, the most likely profile was Ro52+Ro60+SSB regardless of the ANA titer ($p=0.001$). When only SSA was positive and the ANA staining pattern was nucleolar, centromeric or cytoplasmic, Ro52 positivity was most likely ($p<0.001$). When both SSA and SSB were positive, both Ro52 and Ro60 were likely to be positive regardless of the ANA staining pattern. In 28.7% of the patients the profile was variable. Variability was significantly greater in those with the SSA profile (23/67) than with the SSA+SSB profile (15/105; OR=1.9, 95% CI=1.1-3.3; $p=0.025$), and the difference in variability was greatest between the Ro52+Ro60 profile (8/23) and the Ro52+Ro60+SSB profile (8/68; OR=4.2, 95% CI=1.9-9.5; $p<0.001$). We conclude that to increase efficiency in the immunology laboratory, positivity for Ro52 and Ro60 individually or simultaneously can be deduced from SSB status and the ANA pattern and titer. In general, for the most frequent anti-ENA findings, priority should be given to retesting autoantibodies not detected in the initial analysis.

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Publicaciones

Original Article

C-peptide as a risk factor of coronary artery disease in the general population

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Diabetes & Vascular Disease Research
1–9

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dvr.sagepub.com



Abstract

Objective: To analyse the association between serum C-peptide and coronary artery disease in the general population.

Methods: Follow-up study of 6630 adults from the general population. They were stratified into group 1 (no insulin resistance: C-peptide < third tercile and glycaemia < 100 mg/dL), group 2 (initial insulin resistance: C-peptide ≥ third tercile and glycaemia < 100 mg/dL) and group 3 (advanced insulin resistance: glycaemia ≥ 100 mg/dL).

Results: After 3.5 years of follow-up, group 2 had a higher incidence of myocardial infarction (relative risk (RR) = 4.2, 95% confidence interval (CI) = 1.7–10.6) and coronary artery disease (RR = 3.5, 95% CI = 1.9–6.6) than group 1. Group 3 also had increased incidences of both diseases. In multivariable analysis of the entire population, groups 2 and 3 showed significant risks of myocardial infarction and coronary artery disease (RR > 3 and RR > 2, respectively). However, when people with diabetes were excluded, the increased risks were corroborated only in group 2 for myocardial infarction (RR = 2.8, 95% CI = 1.1–6.9; $p = 0.025$) and coronary artery disease (RR = 2.4, 95% CI = 1.3–4.6; $p = 0.007$).

Conclusion: Elevated C-peptide is associated with the incidence of myocardial infarction and coronary artery disease in the general population. It can be an earlier predictor of coronary events than impaired fasting glucose.



Publicaciones:

- Aceptados:

- ETAP: Una escala de tabaquismo para la atención primaria de salud.

- En revisión:

- On the problem of diabetes mortality in the Canary Islands, Spain. The DARIOS Study

- Pendientes de enviar:

- Hipertensión
 - Altitud e inflamación
 - Péptido C
 - Ejercicio y proinflamación

¿Alguna pregunta?



No me
presionen

¡¡¡Gracias por su atención!!!