Metabolism

Clinical and Experimental

VOL 49, NO 2, SUPPL 1

FEBRUARY 2000

Oxidative Stress: Introduction

N THIS SYMPOSIUM we have heard about a number of issues regarding oxidative stress. These include: (1) How is it measured? (2) How is it related to glycosylation and glycemia? (3) Do different types of therapy have differential effects on oxidative stress?

The answers to these questions are: (1) In several ways (Betteridge); (2) Both to chronic glycemia (advanced glycosylation end products, Brownlee) and acute increases in glycemia (Ceriello); (3) Yes (Noda, Renier, and Jennings).

These answers are found in reviews presented in this symposium. A more central issue, however, is do we need "oxidative stress" given the recent advances in therapy in diabetes for lipid reduction in the Scandinavian Simvastatin Survival Study (4S), 1 glycemic control in the United Kingdom Prospective Diabetes Study (UKPDS), 2,3 and blood pressure reduction in the UKPDS. 4.5 Nevertheless, there are a number of reasons to avoid complacency and to seek to examine possible new interventions. In middle-aged, diabetic subjects without vascular disease, the rate of coronary heart disease is similar to nondiabetic subjects with vascular disease. 6 In the recently published follow-up of the National Health And Nutrition

Examination Survey (NHANES) in the United States (Fig 1),⁷ while coronary artery disease decreased in nondiabetic subjects, there was no decrease in diabetic subjects and perhaps even an increase in coronary heart disease (CHD) in diabetic women. Even the most successful intervention for CHD in diabetic subjects (lipid reduction in the 4S study¹) reduced CHD only by approximately 50%. The benefits of glycemic control on CHD were more modest and may be dependent on the type of hypoglycemic agent used.^{2,3}

Strategies to reduce oxidized low-density lipoproteins (LDL) would appear to be a promising target. Oxidized LDL is increased in subjects with diabetes^{8,9} and oxidized LDL has been shown to enter the arterial wall although "native" (or unmodified) LDL does not. A detailed review of the problem of oxidative stress is the focus of this symposium.

Steven M. Haffner, MD
Professor of Medicine
University of Texas Health Science Center
San Antonio, TX
Guest Editor

CAD Mortality in NHANES Change from 1971-1975 to 1982-1984

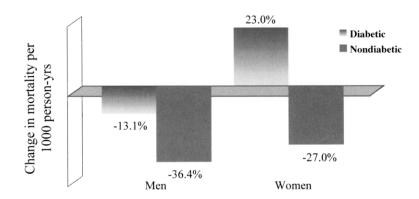


Fig 1. Coronary artery mortality in the NHANES. Modified and reprinted with permission.⁷

REFERENCES

- 1. Pyörälä K, Pedersen TR, Kjeksus J, et al: Cholesterol lowering with simvastatin improves prognosis of diabetic patients with coronary heart disease: A subgroup analyses of the Scandinavian Simvasatin Survival Study (4S). Diabetes Care 20:614-620, 1997
- 2. UK Prospective Diabetes Study (UKPDS) Group. Intensive blood-glucose control with sulphonylureas or insulin compared with conventional treatment and risk of complications in patients with type 2 diabetes (UKPDS 33). Lancet 352:837-853, 1998
- 3. UK Prospective Diabetes Study (UKPDS) Group. Effect of intensive blood-glucose control with metformin on complications in overweight patients with type 2 diabetes (UKPDS 34). Lancet 352:854-865, 1998.
- 4. UK Prospective Diabetes Study (UKPDS) Group. Tight blood pressure control and risk of macrovascular and microvascular complications in type 2 diabetes. UKPDS 38. BMJ 317:703-713, 1998
 - 5. UK Prospective Diabetes Study Group. Efficacy of atenolol and

- captopril in reducing risk of macrovascular and microvascular complications in type 2 diabetes: UKPDS 39. BMJ 317:713-720, 1998
- 6. Haffner SM, Lehto S, Ronnemaa T, et al: Coronary heart disease mortality in type 2 diabetic and non-diabetic subjects with and without previous myocardial infarction. N Engl J Med 339:229-234, 1998
- 7. Gu K, Cowie CC, Harris MI. Diabetes and decline in heart disease mortality in US adults. JAMA 281:1291-1297, 1999
- 8. Chisolm GM, Irwin KC, Penn MS. Lipoprotein oxidation and lipoprotein-induced cell injury in diabetes. Diabetes 41:61-66, 1992 (suppl 2)
- 9. Haffner SM, Agil A, Mykkänen L, et al: Plasma oxidizability in subjects with normal glucose tolerance, impaired glucose tolerance and NIDDM. Diabetes Care 18:646-653, 1995
- 10. Steinberg D, Parthasarathy S, Carew TE, et al: Beyond cholesterol: Modifications of low density lipoprotein that increase its atherogenicity. N Engl J Med 320:915-924, 1989