

Abstract

**The Metabolic Syndrome and Associated Risk Factors Among Male Workers
in an Electronics Manufacturing Company**

Eun Sook Choi

Korea Labor Welfare Corporation Research Center

Objective: This study evaluated the determinants of the metabolic syndrome.

Methods: Data were collected through structured questionnaire survey and health examination from 201 male workers aged 30~51years in an electronics manufacturing company during September 2004. The metabolic syndrome and abdominal obesity were assessed according to the NCEP-ATP III definition and the Asia-Pacific guidelines (waist circumference >90 cm for men). Age adjusted odds ratios and 95% confidence intervals for the metabolic syndrome were computed using logistic regression.

Results: The unadjusted prevalence of the metabolic syndrome was 10.5% in male workers. Seventy three workers(35.4%) had 2 or more metabolic risk factors. The prevalence of the metabolic syndrome components was 48.3% for high triglyceride, 40.3% for abdominal obesity, 30.3% for high blood pressure, 8.0% for low HDL-cholesterol, and 2.5% for high blood sugar. The age adjusted odds ratio for the metabolic syndrome was significantly increased in the study population having physical inactivity (unit, 100 kcal/day; OR, 1.142; 95% CI, 1.014~1.286).

Conclusion: Weight reduction and physical exercise may decrease the prevalence of the metabolic syndrome among male workers.

Key Words: Metabolic syndrome, Worker

Zimmet, 1998) 가

2001

Reaven(1988) “Syndrome X” “ National Cholesterol Education
Program - Adult Treatment Panel (‘NCEP-ATP)

(Alberti &

1998 (Alberti & Zimmet, 1998) 가

(High Density Lipoprotein, 'HDL') 가

NCEP-ATP

가 (Grundy et al, 2004).

1.

A 1
2 30
201 . 275 244
가 43

1999 44.4%(1,214), 2001 39.4%(2,231), 2003 25.8%(2,358)가

3

1999 52.4%(420), 2001 57.6%(680), 2003 59.0%(820) 가

2004 9
2004

(Ministry of Labor, 2000, 2002, 2004).

가

HDL

(Blackburn & Bevis, 2004; Reaven et al, 1996), 가

10

, HDL

(Blackburn & Bevis, 2004). 40 ~ 65 Prospective Cardiovascular Munster (PROCAM) 가

10
200) HDL
tran sulfate MgCl₂
WHO

(Hitachi-747-dex-

2.5 가 , 8 가

19 가 (Assmann & Schulte, 1988).

0.1 cm

2.

(Liese et al, 1997; Lim et al, 2003; Park et al, 2004), (Reaven & Chen, 1996; Isomaa et al, 2001; Kim et al, 2004)가

NCEP-ATP (2001)가 가

가 (Karlsson et al, 2001; Chang et al, 2004),

(International Obesity Task Force, 2000)

90 cm, 80 cm
150 mg/dL , HDL
40 mg/dL, 50 mg/dL

130 mmHg, 110 mg/dL, 85, 6, 8 가, metabolic equivalent('MET') 가, Korean Society for Preventive Medicine(2000) 가, MET, Lim (2003), Lee(1997) 가, ()/, ()/, ()/, ()/, ()', 1, 3, 4, 4, 5, 3-12, 3 가, MET, (1996) 18, 7, 가, Karasek(1996) (Cho, 2001) 5, 4, 40, 125, Cronbach's 0.63, Karasek (Cho, 3. (Decision authority) 3 (skill discretion) 6, 9, SAS Version 9.1, 4, Cronbach's 0.63, Karasek(1996), Karasek (Cho, 2001) t-test, 2-test, 4, 4, 4, 4, Cronbach's 0.66, 0.57, (pack-year) 1., 30 g, (Job-Time Physical Activity, JTPA) 가, (Leisure-Time Physical Activity, LTPA) 30, 51, 32.8, 30.4%, 5.5%, 48.8%, 15.4%, 70%가, 24.8%, 73.7%, 가 1.5%, Seo(2001) 가, 3,800, 1,800, 6,000, 2,500, 가, 가 6%, 2,500-3,500, 가, 39.3%, 3,500~4,500, 가 43.8%, 4,500, , 2, 4, 4.5,

가 13.9% . 10.5% .
 30 가 9.0%, 40
 35.8%, 64.2% 30.8% (Table 3).
 . (±) 4.4(± 87.6 cm,
 3.0) , 4 30.4%, 4 7 168.9 mg/dL, HDL 54.1
 55.2%, 7 가 14.4% (Table 1). mg/dL, 118.9 mmHg,
 2. 78.9 mmHg, 78.4 mg/dL (Table
 4). 150 mg/dL
 - (International
 Obesity Task Force, 2000) NCEP-ATP .
 (2001) 가 .
 가 (p<0.05)(Table 5).
 48.3%, 40.3%,
 30.3%, HDL 8.0%, 3.
 2.5% .
 33.2%, 1
 66.8%, 2 ,
 35.4% (Table 2). (Table 6).

Table 1. General characteristics (N=201)

	Characteristics	Frequency (%)	Mean (SD)	Range
Age (year)	30~39	188 (93.5)	32.8 (3.3)	30~51
	40~49	12 (6.0)		
	50	1 (0.5)		
Education	high school	62 (30.8)		
	junior college	11 (5.5)		
	college	97 (48.3)		
	graduate school	31 (15.4)		
Marital status	never married	49 (24.8)		
	married	146 (73.7)		
	divorced/separated etc.	3 (1.5)		
Income/year (10.000 won)	<2500	6 (2.9)	3831 (757)	1800~6000
	2500~3499	79 (37.8)		
	3500~4499	88 (43.8)		
	4500	28 (13.9)		
Job position	Team director	7 (3.5)		
	Part team leader	29 (14.4)		
	Engineer	93 (46.3)		
	Technician	23 (11.4)		
	Leader operator	36 (17.9)		
	Operator	13 (6.5)		
Career (year)	<4	61 (30.4)	4.4 (3.0)	1~18
	4 , <7	111 (55.2)		
	7	29 (14.4)		

(p<0.01).

(p<0.05) 100 kcal 1.142(95% CI, 1.014-1.286) (Table 7). 30 가 9.0%, 40 (40 ~ 51) 30.8% 10.5% 32.8

Table 2. Prevalence of each component of the metabolic syndrome and clustering of components(N=201)

Variables	n (%)
Abdominal obesity (WC ≥ 90 cm)	81 (40.3)
High TG (≥ 150 mg/dL)	97 (48.3)
Low HDL-C (<40 mg/dL)	16 (8.0)
High BP (≥ 130/85 mmHg)	61 (30.3)
High FBS (≥ 110 mg/dL)	5 (2.5)
1 component	136 (66.8)
2 components	73 (35.4)
3 components	21 (10.5)

Abbreviations: WC, waist circumference; TG, triglyceride; HDL-C, high density lipoprotein cholesterol; BP, blood pressure; FBS, fasting blood sugar

Table 3. The age-specific prevalence rate of the metabolic syndrome

age (year)	n	Prevalence rate, % (n)
30~39	188	9.0 (17)
40	13	30.8 (4)

Table 4. The mean and range of metabolic syndrome components (N=201)

Metabolic syndrome components	M (± SD)	Range
WC (cm)	87.6 (± 8.0)	67.8~117.7
TG (mg/dL)	168.9 (± 156.0)	26~1089
Log TG (mg/dL)	4.9 (± 0.7)	3.3~7.0
HDL-C (mg/dL)	54.1 (± 12.0)	31~124
SBP (mmHg)	118.9 (± 10.3)	90~160
DBP (mmHg)	78.9 (± 8.2)	60~105
FBS (mg/dL)	78.3 (± 12.4)	60~148

Abbreviations: SBP, systolic blood pressure; DBP, diastolic blood pressure; Log TG, TG transformed by Log function

Table 5. Pearson's correlation coefficients among metabolic syndrome components(N=201)

	WC	TG	Log TG	HDL-C	SBP	DBP	FBS
WC	1						
TG	0.28 [†]	1					
Log TG	0.36 [†]		1				
HDL-C	-0.33 [†]	-0.43 [†]	-0.53 [†]	1			
SBP	0.22 [†]	0.08	0.09	0.00	1		
DBP	0.18*	0.13	0.13	-0.09	0.68 [†]	1	
FBS	-0.01	0.04	0.06	0.09	0.21*	0.11	1

* p < 0.05, † p < 0.01, ‡ p < 0.001

NCEP-ATP III 37.9%,
 34.1%, HDL 20.7%,
 1998 12.9%, 10.3%
 20 9.4%, 30 19.5%, 40
 27.5% (Park et al, 2003).
 20
 6.5%, 30 19.4%, 40 18.9%
 (Lym et al, 2003).
 가 가
 가
 40.3%, 30.3% 48.3%,
 HDL
 8%, 2.5% 가
 30 가
 가
 NCEP ATP III-BMI25 NCEP-ATP III
 가
 3 30~60 (Shiwaku (Ford et al, 2002; Park et al, 2003;
 et al, 2005) , Shiwaku et al, 2005)

Table 6. Metabolic syndrome risk for each associated factor (N=201)

Characteristics		Metabolic syndrome	Non metabolic syndrome	t/x ²	p
Biologic factor	Age	34.0 (4.5)	32.7 (3.2)	-1.76	0.080
	Family history	yes	41 (87.2)	0.35	0.553
		no	15 (9.7)	139 (90.3)	
Socioeconomic factor	Education level	high school	56 (90.3)	0.06	0.812
		college & graduate	15 (10.8)	124 (89.2)	
	Income (10,000 won/year)	4052.4 (629.0)	3772.3 (767.2)	-1.61	0.109
	Family or friend support	11.9 (1.7)	11.8 (1.6)	0.18	0.853
Health behavior	Smoking amount (pack-year)	9.3 (8.1)	5.7 (6.5)	-1.98	0.060
	Drinking amount (g/day)	<30	155 (91.2)	3.11	0.078
		30	6 (19.4)	25 (80.6)	
	Physical activity amount (kcal/day)	2089.7 (318.9)	2329.9 (428.8)	3.14	0.004
	Diet pattern	92.5 (6.5)	93.3 (7.0)	0.51	0.608
Work environment	Work pattern	day time fixed	125 (88.0)	1.20	0.273
		rotating shift	4 (6.8)	55 (93.2)	
	Job strain*	54.0 (8.4)	52.8 (8.4)	-0.59	0.553
	Supervisor support	11.2 (1.3)	11.3 (1.4)	0.33	0.739
	Colleague support	12.3 (1.2)	11.9 (0.9)	-1.95	0.052

*: Job strain=(Job demand/Job control) × 100

NCEP-ATP III 가 (Lym et al, 2003).
 (Hoefner, 가 30 가
 2003). 가 가 ,
 가 가
 가
 가
 가
 가
 1998 가 NCEP- NCEP-ATP III
 ATP III (Seidell et al, 1996).
 , HDL
 (Isomaa, 2003).
 (Park et al, 2004).

NCEP-ATP III

Table 7. Age adjusted odds ratio for the metabolic syndrome

Characteristics		Age adjusted odds ratio (95% CI)
Biologic factor	Family history	
	yes	1.261 (0.454~3.504)
	no	1
Socioeconomic factor	Education level	
	high school	1
	college & graduate	1.285 (0.459~3.592)
	Income (10,000 won/year)	1.000 (0.999~1.001)
	Family or friend support	1.004 (0.764~1.319)
Health behavior	Smoking amount (pack-year)	1.059 (0.987~1.136)
	Drinking amount (g/day)	
	<30	1
	30	2.064 (0.700~6.089)
	Physical inactivity amount (× 100kcal/day)	1.142* (1.014~1.286)
	Diet pattern	0.976 (0.912~1.045)
Work environment	Work pattern	
	day time fixed	1
	rotating shift	0.603 (0.191~1.909)
	Job strain	1.025 (0.971~1.082)
	Supervisor support	0.940 (0.676~1.308)
	Colleague support	1.572 (0.999~2.474)

*: p<0.05

(Lym et al, 2003; Park et al, 2004).

(Kim et al, 1998).

(Gilbert et al, 1992). HDL (Kim et al, 2002; Lee et al, 1998; Mjos, 1988).

(Facchini et al, 1992; Gilbert et al, 1992).

U-shape HDL (Facchini et al, 1994; Gaziano et al, 1993; Suh et al, 1992). 1998

30 g et al, 2004).

(> 60% of total calories), HDL (Mensink et al, 1992).

study 가 . ARIC

가 , 가 8.3 가

(Liese et al, 1997).

. Whitehall 2 (Brunner et al, 1997) 1

. 1 2.3 ,

2

2.2, 2.8

(Chang et al, 2004). (Nagaya et al, 2002), (De Backer et al, 1984; Karlsson et al, 2001)

가 가 가

가 1 32.8

가 가

: A 1 30 201 . 2004

9 7 9 17 . 2004
 , 가 ,
 SAS 9.1

t-test, ² test

NCEP-ATP III

5가 3가

, 가 ,

, 가

32.8(±3.3)

10.5%

1 66.8% 2
 35.4%

48.3%, 8.0%, 40.3%, 2.5%, 30.3% HDL

가

(p<0.01)

가

(p<0.05).

100 kcal

1.142(95%

CI, 1.014-1.286)

:
 가

가

Hyperlipidemia Treatment Guideline Pannel. Hyperlipidemia Treatment Guideline. Korean Society of Lipidology and Atherosclerosis. Seoul. 1996. (Korean)

Ainsworth BE, Jacobs DR Jr, Leon AS, Richardson MT, Montoye HJ. Assessment of the accuracy of physical activity questionnaire occupational data. J Occup Med 1993;35(10): 1017-27.

Alberti KG, Zimmet PZ. Definition, diagnosis and classification of diabetes mellitus and its complications. Part 1 : diagnosis and classification of diabetes mellitus provisional report of a WHO consultation. 2004.

Assmann G, Schulte H. The Prospective Cardiovascular Munster (PROCAM) study: prevalence of hyperlipidemia in persons with hypertension and/or diabetes mellitus and the relationship to coronary heart disease. Am Heart J 1988;116(6 Pt 2):1713-24.

Blackburn GL, Bevis LC. The Obesity Epidemic: Prevention and Treatment of the Metabolic Syndrome. Available: http://www.medscape.com/viewprogram/2015_pnt(cited 20 September 2005)

Brunner EJ, Marmot MG, Nanchahal K, Shipley MJ, Stansfeld SA, Juneja M, Alberti KG. Social inequality in coronary risk : central obesity and the metabolic syndrome. Evidence from the Whitehall study. Diabetologia 1997;40(11):1341-9.

Chang SJ, Koh SB, Choi HR, Woo JM, Cha BS, Park JK, Chen YH, Chung HK. Job Stress, Heart Rate Variability and Metabolic Syndrome. Korean J Occup Environ Med 2004;16(1):70-81. (Korean)

Cho SI. Job Content Questionnaire revision 1.5 Korean version. 2001. (Korean)

De Backer G, Komitzer M, Peters H, Dramaix M. Relation between work rhythm and coronary risk factors. Eur Heart J 1984;5(suppl 1):307.

Facchini FS, Hollenbeck CB, Jeppensen J, Chen I, Reaven GM. Insulin resistance and cigarette smoking. Lancet 1992;339:1128-30.

Faccini FS, Chen YD, Reaven GM. Light-to-moderate alcohol intake is associated with enhanced insulin sensitivity. Diabetes Care 1994;17:115-9.

Ford ES, Giles, WH, Dietz, WH. Prevalence of the metabolic syndrome among US adults. JAMA 2002;16:356-9.

Gaziano JM, Buring JE, Breslow JL, Goldhaber SZ, Rosner B, VanDenburgh M, Willett W, Hennekens CH. Moderate alcohol intake, increased levels of high-density lipoprotein and its subfractions, and decreased risk of myocardial infarction. N Engl J Med 1993;329(25):1829-34.

Grundy SM, Hansen B, Smith SC, Smith SC, Cleeman JJ, Kahn RA. Clinical Management of Metabolic Syndrome Report of the American Heart Association / National Heart, Lung, and Blood Institute/American Heart Association Conference on Scientific Issues Related to Management. Circulation 2004;109(4):551-6.

Gilbert DG, Meliska CJ, Williams CL, Jensen RA. Subjective correlates of cigarette-smoking-induced elevations of peripheral beta-endorphin and cortisol. Psychopharmacology(Berl) 1992;106(2):275-81.

Hoefner DM. The ruthless malady : metabolic syndrome. MLO. Med Lab Obs 2003;35(10):12-6, 20, 22-3.

- International Obesity Task Force. The Asia-Pacific perspective: redefining obesity and its treatment. Western Pacific Region. 2003.
- Isomaa B, Almgren P, Tuomi T, Forsen B, Lahti K, Nissen M, Taskinen M-R, Groop L. Cardiovascular Morbidity and Mortality associated with the metabolic syndrome. *Diabetes Care* 2001;24(4):683-9.
- Isomaa B. A major health hazard: the metabolic syndrome. *Life Sci* 2003; 26:73(19):2395-411.
- Jung CH, Park JS, Lee WY, Kim SW. Effects of smoking, alcohol, exercise, level of education, and family history on the metabolic syndrome in Korean adults. *Korean J Med* 2002;63:649-59.
- Karlsson B, Knutsson A, Lindahl B. Is there an association between shift work and having a metabolic syndrome? Results from a population based study of 27,485 people. *Occup Environ Med* 2001;58(11):747-52.
- Karasek R. Job Content Questionnaire and User's Guide Revision 1.5. Lowell: University of Massachusetts at Lowell, Lowell. 1996.
- Kim JH, Lee KM, Kim HY, Song CH, Jeung SP. Effects of cigarette smoking on abdominal fatness. *J Korean Acad Fam Med* 2002;21:1172-9. (Korean)
- Kim MH, Kim MK, Choi BY, Shin YJ. Prevalence of the Metabolic Syndrome and Its Association with Cardiovascular Diseases in Korea. *J Korean Med Sci* 2004; 19(2):195-201.
- Kim SM, Lee DJ, Cho NH. The study of Cross sectional associations between Alcohol intake, Cigarette smoking and Obesity Index in Men. *Journal of Korean Society for the Study of Obesity* 1998;7(4):332-41. (Korean)
- Korean Society for Preventive Medicine. The standardization of health statistics data collection and measurement. Gyeochuk publisher. Seoul. 2000. pp 35-45. (Korean)
- Lee KS, Park CY, Meng KH, Bush A, Lee SH, Lee WC, Koo JW, Chung CK. The association of cigarette smoking and alcohol consumption with other cardiovascular risk factors in men from Seoul. Korea. *Ann Epidemiol* 1998;8:31-8
- Lee KY. Development of job stress questionnaire based on NIOSH JSQ. Korean Occupational Safety and Health Agency · Occupational Safety and Health Research Institute. Incheon. 2001. (Korean)
- Lee SH. Leisure time physical activity among Koreans and its relation to health risk factors. Master's thesis, School of Public Health, Seoul National University. 1997. (Korean)
- Lim S, Kwon KH, Kim EJ, Lim DS, Lim HJ, Cho SI, Lee YY, Park KS, Lee HK. Characteristics of metabolic syndrome and its relationship with the factors related to obesity in rural area. *Korean Journal of Lipidology* 2003;12(4):370-80. (Korean)
- Lym YL, Hwang SW, Shim HJ, Oh EH, Chang YS, Cho BL. Prevalence and risk factors of the metabolic syndrome as defined by NCEP-ATP III. *J Korean Acad Fam Med* 2003;24:135-43.(Korean)
- Liese AD, Mayer-Davis EJ, Tyroler HA, Davis CE, Keil U, Schmidt MI, Brancati FL, Heiss G. Familial components of the multiple metabolic syndrome. *Diabetologia* 1997;40:963-70.
- Mensink RP, Katan MB. Effects of dietary fatty acids on serum lipids and lipoproteins. A meta-analysis of 27 trials. *Arterioscler Thromb* 1992;12:911-9.
- Ministry of Labor. Analysis of occupational accidents and diseases 1999. 2000. (Korean)
- Ministry of Labor Analysis of occupational accidents and diseases 2001. 2002. (Korean)
- Ministry of Labor. Analysis of occupational accidents and diseases 2003. 2004. (Korean)
- Mjos OD. Lipid effects of smoking. *Am Heart J* 1988;115:272-5.
- Nagaya T, Yoshida H, Takahashi H, Kawai M. Markers of insulin resistance in day and shift workers aged 30-59 years. *Int Arch Occup Environ Health* 2002;75(80):562-8.
- National Cholesterol Education Program - Adults Treatment Panel III. Executive summary of the third report of the national cholesterol education program expert panel on detection evaluation and treatment of high blood cholesterol in adults. *JAMA* 2001;285:2486-97.
- Park HS, Oh SW, Cho SI, Choi WH, Kim YS. The metabolic syndrome and associated lifestyle factors among South Korean adults. *Int J Epidemiol* 2004;33(2):328-36.
- Park HS, Oh SW, Kang JH, Park YW, Choi JM, Kim YS, Choi WH, Yoo HJ, Kim YS. Prevalence and Associated Factors with Metabolic Syndrome in South Korea - From the Korean National Health and Nutrition Examination Survey, 1998-. *Journal of Korean Society for the Study of Obesity* 2003;12(1). (Korean)
- Reaven GM. Banting lecture 1988. Role of insulin resistance in human disease. *Diabetes* 1988;37(12):1595-607.
- Reaven GM, Chen Y-D. Insulin Resistance, Its consequences, and Coronary Heart Disease. Must we choose one culprit? *Circulation* 1996;93:1780-3.
- Seidell JC, Verschuren WM, van Leer EM, Kromhout D. Overweight, underweight, and mortality. A prospective study of 48,287 men and women. *Arch Intern Med* 1996;156(9): 958-63.
- Seo KM. Analysis of factors related to physical activity in office workers. Master's thesis, College of Nursing, Yonsei University. 2001. (Korean)
- Shiwaku K, Nogi A, Kitajima K, Anuurad E, Enkhmaa, B, Yamasaki, M, Kim J-M, Kim I-S, Lee S-K, Oyunsuren T, Yamane Y. Prevalence of the metabolic syndrome using the modified ATP III definitions for workers in Japan, Korea and Mongolia. *J Occup Health* 2005;47:126-35.

Suh I, Shaten BJ, Cutler JA, Kuller LH. Alcohol use and mortality from coronary heart disease : the role of high-density lipoprotein cholesterol. *Ann Intern Med* 1992;116:881-7.

Wamala SP, Lynch J, Horsten M, Mittleman MA, Schenck-Gustafsson K, Orth-Gomer K. Education and the metabolic

syndrome in women. *Diabetes Care* 1999;22(12):1999-2003.

Yoon YS, Oh SW, Baik HW, Park HS, & Kim WY. Alcohol consumption and the metabolic syndrome in korean adults: the 1998 korean national health and nutrition examination survey. *Am J Clin Nutr* 2004;80:217-24.