

Comments on “Association of Serum Ferritin Levels with the Metabolic Syndrome in Postmenopausal Women between the Ages of 40 and 65 Years”

“40-65 Yaş Aralığındaki Kadınlarda, Menopoz Sonrasında Serum Ferritin Düzeylerinin Metabolik Sendrom ile İlişkisi” Üzerine Yorumlar

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ABSTRACT

We commend the authors Aybike Rızalı and Ülkü Demirci for their valuable study on the association between serum ferritin levels and metabolic syndrome in postmenopausal women, published in Gümüşhane University Journal of Health Sciences. Their work addresses an important and underexplored area with potential clinical implications. However, we would like to raise concerns regarding the exclusion criteria, as conditions that may affect ferritin levels—such as chronic inflammatory or liver diseases, acute infections, and genetic disorders—were not clearly excluded. Furthermore, individuals using lipid-lowering agents were included, which could influence metabolic parameters and confound results. Additionally, the study focused on general metabolic markers rather than strictly defined metabolic syndrome cases based on IDF 2009 criteria. We believe addressing these issues would enhance the study's scientific validity and clinical relevance.

Keywords: Ferritin, Metabolic Syndrome, Menopause

ÖZ

Gümüşhane Üniversitesi Sağlık Bilimleri Dergisi'nde yayımlanan ve postmenopozal kadınlarda serum ferritin düzeyleri ile metabolik sendrom arasındaki ilişkiyi inceleyen çalışmaları nedeniyle Aybike Rızalı ve Ülkü Demirci'yi tebrik ederiz. Bu çalışma, klinik açıdan yol gösterici olabilecek ve literatürde sınırlı sayıda ele alınmış önemli bir konuyu ele almaktadır. Bununla birlikte, çalışmada dışlama kriterleriyle ilgili bazı endişelerimizi dile getirmek isteriz. Ferritin düzeylerini etkileyebilecek kronik inflamatuvar hastalıklar, kronik karaciğer hastalıkları, akut enfeksiyonlar ve genetik bozukluklar gibi durumların yeterince dışlanmadığı görülmektedir. Ayrıca, lipid düşürücü ilaç kullanan bireylerin çalışma grubuna dahil edilmesi, metabolik parametreleri etkileyerek sonuçların güvenilirliğini azaltabilir. Çalışma, metabolik sendrom tanısı almış bireylerden ziyade genel metabolik parametrelere odaklanmıştır. Bu yönleriyle dışlama kriterlerinin genişletilmesi ve hasta seçiminin daha net yapılması, çalışmanın bilimsel geçerliliğini ve klinik katkısını artıracaktır.

Anahtar Kelimeler: Ferritin, Metabolik Sendrom, Menopoz

Key Points

- *The study offers significant contributions to the literature by specifically addressing the relationship between serum ferritin levels and metabolic syndrome in postmenopausal women.
- *The lack of explicit exclusion criteria for some systemic diseases that may affect ferritin levels may be considered a point requiring caution in interpreting the results.
- *The fact that individuals using lipid-lowering medications were not excluded from the study and that the definition of metabolic syndrome was not directly applied may lead to some limitations in the interpretation of the findings.

Etik izine gerek yoktur.

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Dear Editor,

We read with great interest the research article by Aybike Rzalı and Ülkü Demirci, titled "Association of Serum Ferritin Levels with the Metabolic Syndrome in Postmenopausal Women between the Ages of 40 and 65 Years," published in Volume 13, Issue 3 of the Gümüşhane University Journal of Health Sciences in 2024.¹ We would like to extend our gratitude to the authors and the editorial team for their valuable contributions. Through this letter, we aim to highlight specific points that we believe will enrich the ongoing discussion surrounding the article.

Metabolic syndrome is a rapidly growing health concern today, associated with cardiovascular diseases, type 2 diabetes, and other serious health problems. In postmenopausal women, hormonal changes increase the risk of developing metabolic syndrome, making related complications more prevalent.² The study conducted by Aybike Rzalı and Ülkü Demirci, which explores the relationship between ferritin, a protein that stores iron, and metabolic syndrome, holds potential to provide clinical guidance in both the diagnosis and management of metabolic syndrome, as well as in the follow-up of this patient group. Considering that there are a limited number of studies on this subject in the current literature, we appreciate the importance of this study.³

However, we would like to express our concerns regarding the exclusion criteria. As it is not specified in the Study Population and Sample section, it appears that factors that could influence ferritin levels were not sufficiently included in the exclusion criteria. Chronic inflammatory diseases (e.g., rheumatoid arthritis), chronic liver diseases (such as hepatitis and cirrhosis), acute infections, and genetic disorders (such as hemochromatosis and hyperferritinemic

syndromes) that could elevate ferritin levels do not seem to have been excluded from the study group.⁴ Overlooking these factors could directly impact the study's independent variables.

According to the IDF 2009 criteria, a diagnosis of metabolic syndrome requires the presence of three of the following criteria: triglyceride levels of ≥ 150 mg/dL and/or HDL < 40 mg/dL; waist circumference of ≥ 80 cm in women and ≥ 94 cm in men; fasting blood glucose of ≥ 100 mg/dL and/or a known diagnosis of diabetes; blood pressure of $\geq 130/85$ mmHg and/or use of antihypertensive therapy.⁵ However, while the primary focus of this study is the relationship between serum ferritin levels and metabolic syndrome, the analysis primarily involved general metabolic parameters rather than patients specifically diagnosed with metabolic syndrome. In this regard, certain omissions are noted in the inclusion and exclusion criteria. Additionally, individuals using lipid-lowering medications (statins, fibrates) were not excluded from the study. These medications could directly impact the components of metabolic syndrome, potentially affecting the accuracy of the study's results. Considering these factors, we suggest expanding the exclusion criteria accordingly.

In conclusion, while we acknowledge the contribution of this study to the literature, we believe that expressing our concerns regarding the topic could further enhance the scientific robustness and clinical relevance of the findings. We look forward to future advancements in research in this field. Additionally, we would like to once again express our gratitude to the authors, Aybike Rzalı and Ülkü Demirci, for their valuable contributions despite the limited literature on this topic

KAYNAKLAR

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