Effect of Cigarette Smoking and Obesity on Blood Levels Lipid

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In present studies, the effects of obesity and cigarette smoking on lipid levels in blood were investigated. The represented study has been commenced on 1006 adult patients from Cumra Government Hospital amongst 598 women and 408 men between age of 25-55. Blood samples taken from 12 h fasted patients were taken into tubes. After coagulation, triglyceride (TG), total cholesterol, low density lipoprotein (LDL cholesterol) and hight density lipoprotein (HDL cholesterol) analysis were completed by separation serums. The average triglyceride levels of the data of 1006 adult patients is found as 167.80 ± 98.43 mg/dl, triglyceride levels of men is 174.37 ± 102.69 mg/dl and for women is 163.31 ± 95 mg/dl. While overall average total cholesterol is $196.66 \pm$ 44.93 mg/dl, in men is 191.76 ± 43.55 mg/dl and it is found in women as 200.00 ± 45.59 mg/dl. Average high density lipoprotein cholesterol in general is 50.67 ± 12.30 mg/dl, in men is 48.11 ± 12.59 mg/dl and in women is 52.41 ± 11.80 mg/dl. The mean low density lipoprotein is 115.49 ± 38.52 mg/dl, in men is 112.23 ± 36.19 mg/dl and in women is 117.71 ± 39.90 mg/dl. Active and passive cigarette smoking was shown 28 and 15 % respectively. Another important result is that obesity cases were shown seriously in 53 %. The significance of the effect of smoking activity on high density lipoprotein cholesterol was determined. However, the effect of body mass index on lipid profile was not found significant. On the other hand, the effectiveness of central obesity on lipid profile was determined.

Key Words: Obesity, Cigarette smoking.

INTRODUCTION

Obestiy and cigarette smoking are increasing worldwide in 25-55 years adults¹⁻³. The deleterious consequences of obestiy and smoking are considerable. Recent estimates attribute 280.000 deaths a year in the USA to over nutrition, making it second only to cigarette smoking as a cause of death¹⁻³.

In present studies, the blood levels lipid (HDL cholesterol, LDL cholesterol, triglyceride, total cholesterol) are the factors affected by cigarette smoking and obesity. The relation of obesity and cigrette smoking with the measured parameters are evaluated.

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EXPERIMENTAL

The represented study has been commenced on 1006 adult polyclinic patients consists of 598 women and 408 men between the age of 25-55 from Cumra Government Hospital. A blood transfusion lipids indicate that there are situations where work outside the word of the new contrary unit follows and the following criteria has been followed: (1) Fasting blood glucose (FBG), C reactive protein (CRP), alkaline phosphatase (ALP), serum glutamic oxaloacetic transaminase or aspartate aminotransferase (SGOT/ASAT), serum glutamic pyruvic transaminase or alanine transaminase (SGPT/ALT), thyroid stimulating hormone (TSH), free thyroid 3 (FT3), free thyroid 4 (FT4), blood urea and blood creatine levels within normal limits. (2). Being out of dialysis application. (3). Not being in the treament of malinty. (4). During the last three months, not undergone by serious surgical treatment. (5). Being between the ages of 25-55 while collecting their blood samples.

The study of measurement and assessments groups according to the following basis.

Obesity groups (body mass index): O1 group and O2 group. These groups primarly O1 group (non-obesty group): BMI value less than 30, secondly O2 grops (obesty group) as BMI values more than 30.

Central obesity (Belt chamber measurement groups): Belt chamber measurement groups comprising two men and two women group including the group 4; sets up:

Women-group: Belt chamber measurement more than 88 cm.

Women-group: Belt chamber measurement less than 88 cm.

Men-group: Belt chamber measurement more than 102 cm.

Men-group: Belt chamber measurement less than 102 cm.

Cigarette smoking groups: In this study, adult patients were classified in to 4 groups as fallows: the ones not cigarette smoking (actively or passively) were "S0 group, the ones cigarette smoking less than 10 cigarettes daily were put in to "S1 group, the ones cigarette smoking more than 10 cigarettes daily were evaluated as "S2 group and the ones exposed to cigarette smoke for at least 1 h daily were evaluated as "S2 group, passive smokers.

Polyclinic application up with, the criteria given above those who obey physical measurements, made of information was taken and blood samples of the 12 h following the fasting in the morning (08:00-09:30 am) and vacuum vials are taken.

From collected samples, all serum were centrifuged after clotting and triglyceride, total cholesterol, HDL, LDL analysis tests were performed simultaneously. These tests were performed using Thermo Electron HDL:981657 equipments on Conelab 60 i Automated Test Device.

Body mass index (Obesity): Obesity is defined in terms of the body mass index-weight in kilograms divided by square of the height in meters^{4,5}.

 $BMI = BW \text{ (body weight) (kg) } / BH \text{ (body heigh}^2) \text{ (m}^2)$

Belt chamber measurement (Central obesity): Belt chamber observable people standing stop, light at the end of lower rib crista iliaca rank in the middle, hip chamber the level of trokanterler were measured. Belt chamber men > 102 cm and above M+, women > 88 cm and above those of the W+ these values are those under the M-, as the W- are grouped.

Statistical assesments: Measured parameters the groups for statistical according to the normal assessments showing the distribution measurements two groups in the middle compared Z-test and regular distribution designation more than one of independent group comparison kruskal-wallis H test statistical data analysis program SPSS 15.0 held by using.

RESULTS AND DISCUSSION

Factor levels frequency

Cigarette smoking: S0 group 548 adult patient (%55), S1 group 104 adult patient (%10), S2 group 193 adult patient (%19), SP group i 161 adult patient (%16) were determined.

Obesity (body mass index): O1 group (non obesty); BMI values 30 under 527 adult patient (% 52) formation, O2 group BMI 30 and above (obesty group) 479 adult patient (% 48) were determined.

Central obesity (belt chamber): W+ group: Belt chamber 88 cm and above 219 women adult patients (37 %), W- group: Belt chamber 88 cm under 379 women adult patients (63 %), M+ grubu: Belt chamber 102 cm and above 151 adult men patient (37 %) and M- group: Belt chamber 102 cm under 257 adult men patient (63 %) were determined.

Lipid values

Triglyceride (TG): From the obtained data when 1006 adult patients average triglyceride levels are found as 167.80 ± 98.43 mg/dl all age as the average for adult men patients are faund 174.37 ± 102.69 mg/dl women adult patients 163.31 ± 95.25 mg/dl were determined (Table-1). These results are seen in the definition of 'high frontier' between 150/190 mg/dl (Table-1).

In this study with triglyceride connection cigarette smoking are significant (Table-1, p < 0.05). Triglyceride values that the high are determined and this situation are interpreted that cigarette smoking on lipid profile of the negative effect⁴.

Total cholesterol: This study shows men and women total 1006 adult patients average total cholesterol levels are found as 196.66 ± 44.93 mg/dl, men these data as 191.76 ± 43.55 mg/dl women as 200.00 ± 45.59 mg/dl (Table-2). The study on blood total cholesterol sex are effectived (Table-2, p < 0.05). When looked other criteria, central obesity are found that effective all the adult patients on total cholesterol (Table-2, p < 0.05).

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TABLE-1
BLOOD TRIGLYCERIDE LEVELS IN GROUPS

			TG mg/dl				
			N	Means	Standard		
			11	Wicans	deviation		
BMI	Normally	,	527	165.55	102.93	7 - 1 620 n - 0 101	
DIVII	Obesity		479	170.27	93.28	Z = -1.639, p = 0.101	
SEX	Men		408	174.37	102.69	7 1 696 0 002	
	Women		598	163.31	95.25	Z = -1.686, p = 0.092	
Central obesty	Men	+	151	242.85	123.97	7 - 10.012 = < 0.001*	
		-	257	134.14	58.04	Z = -10.012, p < 0.001*	
	Women	+	219	214.71	112.03	Z = -10.394, p < 0.001*	
		-	379	133.61	68.38	Z = -10.394, p < 0.001	
Smoking	S0		548	151.24	87.73		
	S1 S2		104	178.07	97.44	Ki-kare = 56.335 , p < $0.001*$	
			193	205.20	109.69		
	SP		161	172.69	106.19		
Totally		•	1006	167.80	98.43		

^{*}As a statistical difference 0.05 meaning it is important level.

TABLE-2 BLOOD TOTAL CHOLESTEROL LEVELS IN GROUPS

			TK mg/dl			
			N	Means	Standard	
			11	Means	deviation	
BMI	Normally		527	196.66	43.59	7 0.050 - 0.060
DIVII	Obesity		479	196.65	46.41	Z = -0.050, p = 0.960
SEX	Men		408	191.76	43.55	7 - 2 022 n - 0 002*
SEA	Women		598	200.00	45.59	Z = -3.033, p = 0.002*
	Men	+	151	209.95	49.76	Z = -6.097, p<0.001*
Central		-	257	181.07	35.42	Z = -0.097, p<0.001
obesity	Women	+	219	218.03	47.83	Z = -7.267, P<0.001*
	WOITIEII	-	379	189.57	40.81	Z = -7.207, F<0.001
	S0		548	203.88	46.72	
Smoking	S1 S2		104	191.53	44.82	Vi lara = 26 750 m < 0.001*
			193	183.47	41.43	Ki-kare = 36.750, p<0.001*
	SP		161	191.19	37.85	
Totally		·	1006	196.66	44.93	

^{*}As a statistical difference 0.05 meaning it is important level.

LDL cholesterol: Average LDL cholesterol levels in blood serum of all the adult patients as 115.49 ± 38.52 mg/dl for adult men patients as 112.23 ± 36.19 mg/dl and for adult women patients as 117.71 ± 39.90 mg/dl are determined (Table-3).

According to these result both, in women patients and man patients it seen that central obesty has significant effect (Tables 1-4, p < 0.05).

HDL cholesterol: Average HDL cholesterol levels in blood serum of 1006 adult patients 50.67 ± 12.30 mg/dl, men patients as 48.11 ± 12.59 mg/dl for women patients as 52.41 ± 11.80 mg/dl are determined (Table-4).

TABLE-3
BLOOD LDL CHOLESTEROL LEVELS IN GROUPS

			LDL-K mg/dl				
			N	Means	Standard		
			11	Means	deviation		
BMI	Normally		527	116.53	37.72	7 - 0.616 n - 0.539	
DIVII	Obesity		479	114.33	39.38	Z = -0.616, p = 0.538	
SEX	Men		408	112.23	36.19	7 - 2 227 n - 0 026*	
SEA	Women		598	117.71	39.90	Z = -2.227, p = 0.026*	
	Men	+	151	119.95	40.12	Z = -2.902, $p = 0.004*$	
Central		-	257	107.69	32.92	Z = -2.902, p = 0.004	
obesity	Women	+	219	128.72	43.57	Z = -4.419, p<0.001*	
	WOITIEII	-	379	111.34	36.18	Z = -4.419, p<0.001	
	S0		548	117.91	40.66		
Smoking	S1		104	113.50	34.94	Vi lara - 7 400 p - 0 060	
	S2		193	110.83	36.51	Ki-kare = 7.408 , p = 0.060	
	SP		161	114.09	35.07		
Totally		•	1006	115.49	38.52		

^{*}As a statistical difference 0.05 meaning it is important level.

TABLE-4
BLOOD HDL CHOLESTEROL LEVELS IN GROUPS

			HDL-K mg/dl				
			N	Means	Standard		
			IN	Means	deviation		
BMI	Normally		527	51.22	12.37	7 1 528 - 0 124	
DIVII	Obesity		479	50.07	12.21	Z = -1.538. $p = 0.124$	
SEX	Men		408	48.11	12.59	Z = -5.703, p<0.001*	
SEA	Women		598	52.41	11.80	Z = -3.703, p<0.001	
	Men	+	151	47.45	12.90	Z = -0.952, $p = 0.341$	
Central		-	257	48.50	12.42	Z = -0.932, p = 0.341	
obesity	Women	+	219	46.69	11.14	Z = -4.369, p<0.001*	
	women	-	379	53.98	11.90	Z = -4.309, p<0.001	
	S0		548	57.94	9.68		
Smoking	S1 S2		104	44.80	6.88	Ki-kare = 524.903, p<0.001*	
Smoking			193	37.20	9.32	K_1 -Kare = 324.903, p<0.001	
	SP		161	45.85	7.08		
Totally	•		1006	50.67	12.30		

^{*}As a statistical difference 0.05 meaning it is important level.

It is found that active-passive cigarette smoking and other criteria central obesty have negative effect on blood HDL level (Table-4, p < 0.05).

Conclusion

The represented study has been realized on 1006 adult patients consists of 598 women patients and 408 men patients between the age 25-55 from the patients who applied suited to the searching criteria.

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This study showed central obesity are negative effective caused on lipid profile especially to the blood LDL cholesterol-TG as above level and blood HDL cholesterol as under level are determined (Tables 2 and 3).

The effect of cigarette smoking on TG values that the high and was the situation in this cigarette smoking a negative impact of it was determined and also cigarette smoking HDL cholesterol adverse effect in present study again been detected (Table-4, p < 0.05). Cigarette smoking on LDL cholesterol values and its impact determined.

The most significant point among the considerable results of present study is that passive cigarette smoking is of negative effects on HDL cholesterol levels and this result is consistent with the results of previously performed studies. As indicated in the tables the decrease of HDL cholesterol levels in the patients cigarette smoking less than 10 cigarettes daily (S1 group) is almost the same as the decrease of the ones exposed to cigarette smoke for 1 h daily (Table-4).

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