MyCardioAdvocate™

Visceral Adiposopathy

When fat becomes metabolically active and inflammatory

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Why This Matters

Not all fat is created equal. Visceral adipose tissue—the metabolically active fat packed around organs—is a hormone factory. It secretes inflammatory cytokines, dysregulates glucose and insulin, and drives dyslipidemia. Patients with **visceral adiposopathy** (literally, sick fat) can have normal or only mildly elevated BMI yet carry extraordinary cardiometabolic risk. BMI alone misses this danger. More concerning: **in obesity, ApoB and non-HDL-C are superior to LDL-C** for risk assessment, yet these measures are often ignored. Visceral adiposopathy is a cornerstone of **CKM syndrome.**

Why Visceral Adiposopathy Flies Under the Radar

- **BMI misses it:** A patient with normal BMI can have high visceral fat and enormous cardiometabolic risk.
- **ApoB underutilized:** LDL-C is the standard measure, but ApoB (apolipoprotein B) captures atherogenic particles better, especially in obesity.
- **Non-HDL-C overlooked:** This simple measure (total cholesterol minus HDL) captures remnants and small dense LDL; it's superior to LDL-C in obesity but rarely discussed.
- **Inflammatory markers ignored:** CRP, interleukin-6, and other markers of visceral inflammation are not routine.
- **Weight management deprioritized:** GLP-1 RA, SGLT2i, and structured weight loss are COR 1 (Class 1, highest recommendation) but are often deferred as 'optional.'

MyCardioAdvocate™ Checklist: Visceral Adiposopathy

1. Measure Waist Circumference, Not Just BMI

Waist circumference is a proxy for visceral fat. Women: >35 inches; men: >40 inches indicates increased cardiometabolic risk. Ask your doctor to measure and track your waist circumference alongside weight.

2. Request ApoB and Non-HDL-C

If you have obesity or metabolic syndrome, ask for ApoB and non-HDL-C alongside LDL-C. These capture atherogenic particle burden better than LDL-C alone, especially in obesity. Your targets and current values should be documented.

3. Discuss GLP-1 RA or SGLT2i for Metabolic Health

If you have obesity, insulin resistance, type 2 diabetes, or visceral adiposity, ask about GLP-1 RA (semaglutide, tirzepatide, liraglutide) or SGLT2i. These are Class 1 (highest recommendation) for weight and metabolic improvement.

4. Commit to Structured Weight Management

Weight loss of 5-10% reduces visceral fat, improves insulin sensitivity, and lowers inflammatory markers. Work with your doctor, a registered dietitian, and/or a weight management program. This is foundational cardiometabolic therapy.

Key Takeaways

- Visceral fat is metabolically active and inflammatory; BMI alone misses this risk.

• In obesity, ApoB and non-HDL-C are superior lipid measures; LDL-C underestimates atherogenic burden.

• Waist circumference is a simple clinical proxy for visceral fat; measure and track it.

• GLP-1 RA and SGLT2i are Class 1 recommendations for weight loss and metabolic improvement in visceral adiposopathy.

Next Steps & Related Content

• Measure your waist circumference and discuss visceral fat risk with your doctor.

• Request ApoB and non-HDL-C alongside LDL-C on your next lipid panel.

• Ask about GLP-1 RA, SGLT2i, or structured weight loss programs if you have obesity or metabolic risk factors.

• Review related briefs: **CKM Syndrome**, **Dyslipidemia in Obesity**, **GLP-1 RA Overview**.
