High Plasma 5-Hydroxyindole-3-Acetic Acid Concentrations in Subjects With Metabolic Syndrome

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OBJECTIVE—Serotonin mediates vasoconstriction and induces the activation of platelets, which may promote atherosclerosis. The aim of this study was to investigate whether plasma 5-hydroxyindole-3-acetic acid (5-HIAA; a derivative end product of serotonin) concentrations are high in subjects with metabolic syndrome (MetS) and to investigate the relationship between plasma 5-HIAA concentrations and clinical and biochemical metabolic parameters.

RESEARCH DESIGN AND METHODS—Plasma 5-HIAA concentrations were measured in 311 subjects (152 men and 159 women) recruited from the Oike Clinic (Kyoto, Japan), which provides regular health check-ups for employees. We evaluated the relationship between plasma 5-HIAA concentrations and clinical and biochemical metabolic parameters, including waist circumference, serum lipid concentrations, fasting plasma glucose, or blood pressure.

RESULTS—Plasma 5-HIAA concentrations were higher in subjects with MetS than in those without, in both men (6.5 ± 4.4 vs. 4.9 ± 1.3 ng/mL, P < 0.005) and women (7.0 ± 6.5 vs. 5.2 ± 1.6 ng/mL, P < 0.005). In men, fasting plasma glucose (r = 0.197, P = 0.0146) was positively correlated, whereas HDL cholesterol (r = −0.217, P = 0.0071) was negatively correlated, with logarithmic (log) plasma 5-HIAA concentrations. In women, triglycerides (r = 0.252, P = 0.0013) and fasting plasma glucose (r = 0.344, P < 0.0001) were positively correlated, whereas HDL cholesterol (r = −0.328, P < 0.0001) was negatively correlated, with log (5-HIAA concentrations). Furthermore, log (plasma 5-HIAA concentrations) were higher in subjects with more components of MetS.

CONCLUSIONS—Plasma 5-HIAA concentrations are high in subjects with MetS, suggesting the potential importance of serotonin in the development of cardiovascular disease in MetS.

Metabolic syndrome (MetS), also known as insulin resistance syndrome, is defined by the clustering of several cardiovascular risk factors, including hyperglycemia, hypertension, dyslipidemia, and visceral obesity, in an individual subject. Cardiovascular disease (CVD) is the leading cause of mortality and morbidity in subjects with MetS (1) as well as in patients with type 2 diabetes (2). Serotonin (5-hydroxytryptamine; 5-HT), released from activated platelets, is a naturally occurring vasoactive substance involved in vascular inflammation and atherogenesis (3). 5-HT has various receptor subtypes (4), and it promotes vasoconstriction, vascular smooth muscle cell proliferation, and platelet aggregation (5,6). Plasma 5-HT concentrations have been reported to be high in diabetic patients (7), which may be one of the underlying mechanisms of diabetes complications. However, to our knowledge, plasma 5-HT concentrations have never been explored in MetS. It is difficult to determine plasma 5-HT concentrations because of their fluctuation within 24 h (circadian rhythm) and their acute elevation during the process of blood sampling. Therefore, we compared plasma levels of 5-hydroxyindole-3-acetic acid (5-HIAA; a derivative end product of 5-HT) concentrations in subjects with and without MetS and investigated the relationship between plasma 5-HIAA concentrations and clinical and biochemical metabolic parameters.

RESEARCH DESIGN AND METHODS—Plasma 5-HIAA concentrations were measured in 311 subjects (152 men and 159 women) recruited from the Oike Clinic (Kyoto, Japan), which provides regular health check-ups for employees. Subjects were excluded if they were taking any medications that might affect plasma 5-HIAA concentrations (e.g., 5-HT receptor antagonists).

First, we compared plasma 5-HIAA concentrations between patients with and without MetS. Second, we evaluated the relationship between plasma 5-HIAA concentrations and clinical and biochemical metabolic parameters, including waist circumference, serum lipid concentrations, fasting plasma glucose, or blood pressure. Third, we compared plasma 5-HIAA concentrations between patients with and without components of MetS, including abdominal obesity, hypertriglyceridemia, low HDL cholesterol levels, hyperglycemia, and elevated blood pressure. Finally, we compared plasma 5-HIAA concentrations according to the number of components of MetS. This study was approved by the local research ethics committee and was conducted in accordance with the Declaration of Helsinki. Informed consent was obtained from all participants.

Biochemical analysis
Fasting blood samples were obtained in the morning. Plasma 5-HIAA concentrations (normal range 1.8–6.1 ng/mL) were measured by high-performance liquid chromatography. The intra-assay coefficients of variation were 2.1, 2.0, and 0.9% for plasma 5-HIAA concentrations of 25.27, 41.30, and 95.09 ng/mL, respectively. The interassay coefficients of
variation were 3.9, 3.3, and 2.4% for plasma 5-HIAA concentrations of 7.45, 20.55, and 60.83 ng/mL, respectively. Serum total cholesterol, HDL cholesterol, and triglyceride concentrations were assessed using standard enzymatic methods. Hemoglobin A1c (expressed with the unit defined by the National Glycohemoglobin Standardization Program) was assayed using high-performance liquid chromatography.

**Definition of MetS**
The diagnosis of MetS was determined by a joint interim statement of the International Diabetes Federation Task Force on Epidemiology and Prevention; the National Heart, Lung, and Blood Institute; the American Heart Association; the World Heart Federation; the International Atherosclerosis Society; and the International Association for the Study of Obesity, using the criteria for Asians (8). The subjects were diagnosed with the presence of MetS when three or more of the following criteria were present: abdominal obesity (waist circumference ≥90 cm in men and ≥80 cm in women); hypertriglyceridemia (serum triglycerides ≥150 mg/dL and/or use of antihypertriglyceridemia medication, in both sexes); low HDL cholesterol levels (serum HDL cholesterol <40 mg in men and <50 mg in women); hyperglycemia (fasting glucose ≥100 mg/dL and/or use of antihyperglycemia medications, in both sexes); and elevated blood pressure (systolic blood pressure ≥130 mmHg and diastolic blood pressure ≥85 mmHg and/or use of antihypertension medications, in both sexes).

**Statistical analysis**
Means and frequencies of potential confounding variables were calculated. Unpaired Student t tests or χ2 tests were conducted to assess the statistical significance of differences between groups, using Stat View software (version 5.0; SAS Institute, Cary, NC). All continuous variables are presented as means ± SD. A P value <0.05 was considered statistically significant. Because plasma 5-HIAA concentrations showed skewed distributions, logarithmic (log) transformation was carried out before performing correlation analysis. The relationships between log (plasma 5-HIAA concentrations) and clinical and biochemical metabolic parameters, including waist circumference, serum lipid concentrations, fasting plasma glucose, and blood pressure, were examined by Pearson correlation analyses. One-way ANOVA, followed by the post hoc test with Scheffé, was conducted to assess the statistical significance of differences between groups according to the number of components of MetS, and ANCOVA was performed to adjust the effects of age on log (plasma 5-HIAA concentrations).

**RESULTS**—Clinical characteristics of the 311 subjects enrolled in this study are shown in Table 1. For both sexes, BMI, waist circumference, systolic blood pressure, diastolic blood pressure, triglycerides, fasting plasma glucose, hemoglobin A1c, and plasma 5-HIAA concentrations were higher in those with MetS than in those without. For both sexes, HDL cholesterol was lower in those with MetS than in those without. In women, serum uric acid was significantly higher in those with MetS than in those without. In both sexes, age and total cholesterol were not different between those with and those without MetS. Relationships between log (plasma 5-HIAA concentrations) and clinical and biochemical metabolic parameters are shown in Table 2. In men, age, fasting plasma glucose, and hemoglobin A1c were positively correlated with log (plasma 5-HIAA concentrations), whereas diastolic blood pressure and HDL cholesterol were negatively correlated with log (plasma 5-HIAA concentrations). In women, age, triglycerides, uric acid, fasting plasma glucose, and hemoglobin A1c were positively correlated with log (plasma 5-HIAA concentrations), whereas HDL cholesterol was negatively correlated with log (5-HIAA concentrations). In men, log (plasma 5-HIAA concentrations) were significantly higher in those with low HDL cholesterol levels, hyperglycemia, or MetS than in those without, and in women log (plasma 5-HIAA concentrations) were significantly higher in those with hypertriglyceridemia, low HDL cholesterol levels, hyperglycemia, elevated blood pressure, or MetS than in those without (Table 3). In men, log (plasma 5-HIAA concentrations) were higher in those with four or five components of MetS than in those with one or two components of MetS, even after adjusting for age (Table 4). In women, log (plasma 5-HIAA concentrations) were higher in those with four or five components of MetS than in those with zero, one, two, or three components of MetS, even after adjusting for age.

**CONCLUSIONS**—In the current study, we found that plasma 5-HIAA concentrations were higher in subjects with MetS than in those without, for both sexes. Log (plasma 5-HIAA concentrations) correlated significantly with clinical and biochemical metabolic parameters. Furthermore, log (plasma 5-HIAA concentrations) were higher in subjects with more components of MetS.

| 5-HIAA in the metabolic syndrome |
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|                                |

### Table 1—Characteristics of subjects

|                  | Without MetS | With MetS | Without MetS | With MetS |
|------------------|--------------|-----------|--------------|-----------|
| n                | 71           | 81        | 75           | 84        |
| Age (years)      | 56.7 ± 11.4  | 59.9 ± 11.6 | 56.4 ± 12.3 | 59.8 ± 9.9 |
| BMI (kg/m²)      | 22.3 ± 3.2   | 23.7 ± 3.5 | 22.2 ± 3.3  | 26.1 ± 4.9 |
| Waist circumference (cm) | 80.4 ± 7.8  | 93.4 ± 7.6 | 78.7 ± 9.8  | 96.0 ± 8.9 |
| Systolic blood pressure (mmHg) | 122 ± 14    | 134 ± 12  | 122 ± 15    | 134 ± 16  |
| Diastolic blood pressure (mmHg) | 77 ± 8      | 84 ± 9    | 74 ± 10     | 81 ± 12   |
| Total cholesterol (mg/dL)    | 206 ± 31     | 209 ± 39  | 213 ± 29    | 210 ± 35  |
| Triglycerides (mg/dL)        | 112 ± 74     | 226 ± 202 | 84 ± 34     | 157 ± 74  |
| HDL cholesterol (mg/dL)      | 71 ± 13      | 49 ± 13   | 80 ± 17     | 57 ± 13   |
| Uric acid (mg/dL)            | 5.9 ± 1.3    | 6.0 ± 1.4 | 4.4 ± 1.1   | 5.5 ± 1.1 |
| Fasting plasma glucose (mg/dL) | 98 ± 24      | 117 ± 28  | 90 ± 13     | 115 ± 30  |
| Hemoglobin A1c (%)           | 5.2 ± 0.7    | 5.9 ± 1.0 | 5.2 ± 0.4   | 6.0 ± 1.1 |
| Medication for hypertension (−/+)| 57/14      | 40/41*    | 66/9        | 40/44*    |
| Medication for diabetes (−/+)| 67/4        | 54/27*    | 73/2        | 60/24*    |
| Smoking (none/past/current)  | 44/18/9     | 48/19/14 | 68/4/3     | 73/10/1   |
| Alcohol (−/+               | 12/59       | 18/63    | 36/39       | 46/38     |

5-HIAA (ng/mL) 4.9 ± 1.3, 6.5 ± 4.4*; 5.2 ± 1.6, 7.9 ± 6.5†

Data are means ± SD or n. −/+; no/yes. *P < 0.0001 vs. without MetS. †P < 0.005 vs. without MetS.
Platelets contain large amounts of 5-HT that may be released during platelet aggregation and degranulation. Therefore, in the setting of vascular injury, endothelial damage and subsequent platelet activation may lead to increased plasma 5-HT concentrations. 5-HT induces the contraction, migration, and proliferation of vascular smooth muscle cells via the 5-HT2A receptor followed by various intracellular signal transduction mechanisms (9–11). Watanabe and colleagues (12–14) demonstrated that 5-HT exerts a synergistic interaction with oxidized LDL, hydrogen peroxide, angiotensin II, endothelin-1, thromboxane A2, thrombin, or monocyte chemotactrant protein-1 in inducing vascular smooth muscle cell proliferation. These findings indicate that 5-HT contributes to the deterioration of peripheral blood flow. Increased risk for CVD in MetS thus could be mediated partly through high concentrations of 5-HT.

Advanced age is one of the strongest predictors for coronary artery disease. Age correlated positively with log (plasma 5-HIAA concentrations) in the current study. The increase in plasma 5-HIAA concentrations with age may help to explain the age-related rise in the risk of CVD. In men, log (5-HIAA concentrations) were higher in subjects with four or five components of MetS than in subjects with one or two components of MetS, even after adjusting for age, and in women log (5-HIAA concentrations) were higher in subjects with four or five components of MetS than in subjects with zero, one, two, or three components of MetS, even after adjusting for age.

The 5-HT2A receptor has been identified in glomerular mesangial cells (15), which suggests the involvement of 5-HT in the development of obesity-related nephropathy (16) through proliferation and matrix synthesis in mesangial lesions. In fact, frequencies of proteinuria were higher in subjects with MetS than in subjects without, in both men (17 of 81 vs. 1 of 71, \( P = 0.0005 \)) and women (16 of 84 vs. 0 of 75, \( P = 0.0002 \)) in the current study. Furthermore, log (5-HIAA concentrations) were higher in subjects with proteinuria than in subjects without, in both men (0.91 ± 0.29 vs. 0.63 ± 0.13, \( P < 0.0001 \)) and women (1.11 ± 0.26 vs. 0.72 ± 0.16, \( P < 0.0001 \)). Kasho et al. (17) demonstrated that 5-HT increased the production of type 4 collagen by cultured human mesangial cells through the 5-HT2A receptor, which was mediated by the activation of protein kinase C and the subsequent increase in transforming growth factor-\( \beta \) activity. Currently, sarpogrelate hydrochloride, a potent 5-HT2A receptor antagonist that inhibits 5-HT-induced vasoconstriction and platelet aggregation (18), is used clinically as an antiplatelet drug for the prevention of thrombosis in atherosclerotic disease. Takahashi et al. (19) reported that sarpogrelate hydrochloride reduced the degree of urinary albumin excretion, indicating the potential usefulness of this agent for the protection of the development and progression of obesity-related nephropathy.

Takahashi et al. (19) demonstrated that urinary 5-HIAA concentrations in diabetic patients were higher than those in normal subjects. They also demonstrated a positive correlation between urinary 5-HIAA concentrations and fasting plasma glucose, as in our study. Possible mechanisms of the positive association between hyperglycemia and 5-HIAA concentrations are as follows. Activated platelets release high amounts of 5-HT. Rapid alterations in platelet aggregability have been reported by acute hyperglycemia (20). Li et al. (21) reported that prolonged hyperglycemia in vitro can induce platelet Ca\(^ {2+} \) abnormality and hyperactivity. Increased aggregation of human platelets was reported by advanced glycation end products (22). Moreover, increasing the production of oxygen free radicals (23) and reducing nitric oxide (24) contribute to the deleterious effects of high glucose on vascular endothelial function, which may promote platelet aggregability. Plasma 5-HIAA concentrations in subjects with MetS were higher than those in subjects without MetS in this study. Platelet hyperaggregability and the release of the granular contents of the platelets may contribute to the increased plasma concentrations of 5-HT and 5-HIAA.

### Table 2—Correlations between log (plasma 5-HIAA concentrations) and metabolic parameters

|                | Men          | Women        |
|----------------|--------------|--------------|
| Age            | 0.467        | 0.0001       |
| BMI            | -0.091       | 0.2685       |
| Waist circumference | -0.041       | 0.6198       |
| Systolic blood pressure | 0.029         | 0.7199       |
| Diastolic blood pressure | -0.159       | 0.0499       |
| Total cholesterol | -0.076       | 0.3707       |
| Triglycerides  | 0.008        | 0.9187       |
| HDL cholesterol| -0.217       | 0.0071       |
| Uric acid      | -0.035       | 0.6758       |
| Fasting plasma glucose | 0.197        | 0.0146       |
| Hemoglobin A1c | 0.273        | 0.0006       |

Data are means ± SD.

### Table 3—Comparison of log (plasma 5-HIAA concentrations) between groups

|                        | Men          | Women        |
|------------------------|--------------|--------------|
| Abdominal obesity (+/-) | 0.72 ± 0.19  | 0.9185       |
| Hypertriglyceridemia (+/-) | 0.70 ± 0.13  | 0.0897       |
| Low HDL cholesterol levels (+/-) | 0.68 ± 0.13  | <0.0001      |
| Hyperglycemia (+/-)    | 0.68 ± 0.12  | 0.0166       |
| Elevated blood pressure (+/-) | 0.68 ± 0.14  | 0.0891       |
| MetS (+/-)             | 0.67 ± 0.12  | 0.0021       |

Data are means ± SD. +/−, notyes.
In addition, the postprandial surge in 5-HT also may contribute to this increase because macronutrient intake in obese individuals is higher than that of normal individuals. Because insulin has an antiaggregatory effect on platelets (25,26), as well as an overall anti-inflammatory action (27,28), a state of insulin resistance would enhance platelet aggregation, and increased 5-HT would contribute to increased capillary permeability and inflammation. Several studies have demonstrated that sarpogrelate hydrochloride increases plasma adiponectin concentrations and insulin sensitivity in patients with type 2 diabetes (29) whose plasma adiponectin concentrations were reported to be lower than those in nondiabetic subjects (30). Sarpogrelate hydrochloride might ameliorate insulin resistance in subjects with MetS whose plasma adiponectin concentrations also were reported to be low (31).

Our findings suggest that increased plasma 5-HIAA concentrations may be involved in the pathogenesis and progression of atherosclerosis and obesity-related nephropathy in subjects with MetS. Limitations of our study include a cross-sectional design and relatively small number of subjects. However, to our knowledge, this is the first study comparing plasma 5-HIAA concentrations in subjects with and without MetS and investigating the relationship between plasma 5-HIAA concentrations and clinical and biochemical metabolic parameters. Large prospective trials and intervention studies are needed to better assess the effects of 5-HT on atherosclerosis and obesity-related nephropathy in subjects with MetS. In conclusion, plasma levels of 5-HT are high in subjects with MetS, suggesting the potential importance of 5-HT in the development of CVD in MetS.

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References
1. Sone H, Tanaka S, Iimuro S, et al.; Analysis from Japan Diabetes Complications Study (JDCS). Components of metabolic syndrome and their combinations as predictors of cardiovascular disease in Japanese patients with type 2 diabetes: implications for improved definition. J Atheroscler Thromb 2009;16:380–387.
2. Isomaa B, AlaMren P, Tuomu T, et al. Cardiovascular morbidity and mortality associated with the metabolic syndrome. Diabetes Care 2001;24:683–689.
3. Katz MF, Farber HW, Dodds-Stutt Z, Cruishank WW, Beer DJ. Serotonin-stimulated aortic endothelial cells secrete a novel T lymphocyte chemotactic and growth factor. J Leukoc Biol 1994;55:567–573.
4. Nagatomo T, Rashid M, Abul Muntasir H, Komiyama T. Functions of 5-HT2A receptor and its antagonists in the cardiovascular system. Pharmacol Ther 2004;104:59–81.
5. Hoyer D, Clarke DE, Fozard JR, et al. International Union of Pharmacology classification of receptors for 5-hydroxytryptamine (serotonin). Pharmacol Rev 1994;46:137–203.
6. Nemecak GM, Coughlin SR, Handley DA, Moskowitz MA. Stimulation of aortic smooth muscle cell mitogenesis by serotonin. Proc Natl Acad Sci USA 1986;83:674–678.
7. Barradas MA, Gill DS, Fonseca VA, Mihalidis DP, Dandona P. Intraplatelet serotonin in patients with diabetes mellitus and peripheral vascular disease. Eur J Clin Invest 1988;18:399–404.
8. Alberti KG, Eckel RH, Grundy SM, et al.; International Diabetes Federation Task Force on Epidemiology and Prevention National Heart, Lung, and Blood Institute; American Heart Association; World Heart Federation; International Atherosclerosis Society; International Association for the Study of Obesity. Harmonizing the metabolic syndrome: a joint interim statement of the International Diabetes Federation Task Force on Epidemiology and Prevention; National Heart, Lung, and Blood Institute; American Heart Association; World Heart Federation; International Atherosclerosis Society; and International Association for the Study of Obesity. Circulation 2009;120:1640–1645.
9. Watanabe T, Pakala R, Katagiri T, Benedict CR. Lipid peroxidation product 4-hydroxy-2-nonalen acts synergistically with serotonin in inducing vascular smooth muscle cell proliferation. Atherosclerosis 2001;155:37–44.
10. Tamura K, Kanzaki S, Saito Y, Otabe M, Saito Y, Morisaki N. Serotonin (5-hydroxytryptamine, 5-HT) enhances migration of rat aortic smooth muscle cells through 5-HT2 receptors. Atherosclerosis 1997;132:139–143.
11. Banes A, Florian JA, Watts SW. Mechanisms of 5-hydroxytryptamine(2A) receptor activation of the mitogen-activated protein kinase pathway in vascular smooth muscle. J Pharmacol Exp Ther 1999;291:1179–1187.
12. Watanabe T, Pakala R, Koba S, Katagiri T, Benedict CR. Lysophosphatidylcholine and reactive oxygen species mediate the synergistic effect of mildly oxidized LDL with serotonin on vascular smooth muscle cell proliferation. Circulation 2001;103:1440–1445.
13. Watanabe T, Pakala R, Katagiri T, Benedict CR. Angiotensin II and serotonin potentiate endothelin-1-induced vascular smooth muscle cell proliferation. J Hypertens 2001;19:731–739.
14. Watanabe T, Pakala R, Katagiri T, Benedict CR. Monocyte chemotactic protein 1 amplifies serotonin-induced vascular smooth muscle cell proliferation. J Vasc Res 2001;38:341–349.
15. Nebigil CG, Garmovskaya MY, Spurny RF, Raymond JR. Identification of a rat glomerular mesangial cell mitogenic 5-HT2A receptor. Am J Physiol 1995;268: F122–F127.

Table 4—Log (plasma 5-HIAA concentrations) according to the number of components of MetS

| Number of components | 0    | 1    | 2    | 3    | 4    | 5    |
|----------------------|------|------|------|------|------|------|
| Men                  | 0.71 ± 0.03 | 0.65 ± 0.03 | 0.66 ± 0.04 | 0.71 ± 0.02 | 0.81 ± 0.03* | 0.85 ± 0.05* |
| Age adjusted         | 0.74 ± 0.03 | 0.65 ± 0.03 | 0.65 ± 0.03 | 0.70 ± 0.02 | 0.80 ± 0.03* | 0.82 ± 0.05* |
| Women                | 0.69 ± 0.04 | 0.69 ± 0.04 | 0.72 ± 0.04 | 0.75 ± 0.03 | 0.90 ± 0.04† | 1.14 ± 0.09† |
| Age adjusted         | 0.73 ± 0.04 | 0.70 ± 0.04 | 0.70 ± 0.04 | 0.75 ± 0.02 | 0.89 ± 0.04† | 1.13 ± 0.09† |

Data are means ± SE. *P < 0.05 vs. one or two components. †P < 0.05 vs. zero, one, two, or three components.
16. Mathew AV, Okada S, Sharma K. Obesity related kidney disease. Curr Diabetes Rev 2011;7:41–49
17. Kasito M, Sakai M, Sasahara T, et al. Serotonin enhances the production of type IV collagen by human mesangial cells. Kidney Int 1998;54:1083–1092
18. Kikumoto R, Hara H, Ninomiya K, et al. Syntheses and platelet aggregation inhibitory and antithrombotic properties of [2-(omega-aminoalkoxy)phenyl(ethyl)benzenes. J Med Chem 1990;33:1818–1823
19. Takahashi T, Yano M, Minami J, et al. Sarpogrelate hydrochloride, a serotonin2A receptor antagonist, reduces albuminuria in diabetic patients with early-stage diabetic nephropathy. Diabetes Res Clin Pract 2002;58:123–129
20. Sakamoto T, Ogawa H, Kawano H, et al. Rapid change of platelet aggregability in acute hyperglycemia: detection by a novel laser-light scattering method. Thromb Haemost 2000;83:475–479
21. Li Y, Woo V, Bose R. Platelet hyperactivity and abnormal Ca(2+) homeostasis in diabetes mellitus. Am J Physiol Heart Circ Physiol 2001;280:H1480–H1489
22. Hangaishi M, Taguchi J, Miyata T, et al. Increased aggregation of human platelets produced by advanced glycation end products in vitro. Biochem Biophys Res Commun 1998;248:285–292
23. Friesen NT, Buchau AS, Schott-Ohly P, Lgsiar A, Gleichmann H. Generation of hydrogen peroxide and failure of antioxidative responses in pancreatic islets of male C57BL/6 mice are associated with diabetes induced by multiple low doses of streptozotocin. Diabetologia 2004;47:676–685
24. Pieper GM. Enhanced, unaltered and impaired nitric oxide-mediated endothelium-dependent relaxation in experimental diabetes mellitus: importance of disease duration. Diabetologia 1999;42:204–213
25. Trovati M, Mularoni EM, Burzacca S, et al. Impaired insulin-induced platelet anti-aggregating effect in obesity and in obese NIDDM patients. Diabetes 1995;44:1318–1322
26. Trovati M, Anfossi G, Massucco P, et al. Insulin stimulates nitric oxide synthesis in human platelets and, through nitric oxide, increases platelet concentrations of both guanosine-3', 5'-cyclic monophosphate and adenosine-3', 5'-cyclic monophosphate. Diabetes 1997;46:742–749
27. Dandona P, Aljada A, Chaudhuri A, Mohanty P, Garg R. Metabolic syndrome: a comprehensive perspective based on interactions between obesity, diabetes, and inflammation. Circulation 2005;111:1448–1454
28. Chaudhuri A, Janicke D, Wilson MF, et al. Anti-inflammatory and profibrinolytic effect of insulin in acute ST-segment-elevation myocardial infarction. Circulation 2004;109:849–854
29. Kokubu N, Tsuchihashi K, Yuda S, et al. Persistent insulin-sensitizing effects of sarpogrelate hydrochloride, a serotonin 2A receptor antagonist, in patients with peripheral arterial disease. Circ J 2006;70:1451–1456
30. Mohan V, Deepa R, Pradeepa R, et al. Association of low adiponectin levels with the metabolic syndrome: the Chennai Urban Rural Epidemiology Study (CURES-4). Metabolism 2005;54:476–481
31. Hirose H, Yamamoto Y, Seino-Yoshihara Y, Kawabe H, Sato I. Serum high-molecular-weight adiponectin as a marker for the evaluation and care of subjects with metabolic syndrome and related disorders. J Atheroscler Thromb 2010;17:1201–1211