



DEPARTMENT OF THE AIR FORCE  
59TH MEDICAL WING (AETC)  
JOINT BASE SAN ANTONIO - LACKLAND TEXAS




31 MAY 2017

MEMORANDUM FOR SGOT  
ATTN: COL MARK W. TRUE

FROM: 59 MDW/SGVU

SUBJECT: Professional Presentation Approval

1. Your paper, entitled **When Military Fitness Standards No Longer Apply: The High Prevalence of Metabolic Syndrome in Recent Air Force Retirees** presented at/published to **Military Health System Research Symposium (MHSRS), Kissimmee, FL, 27-30 August 2017 (Poster & Presentation)** in accordance with MDWI 41-108, has been approved and assigned local file #**17207**.
2. Pertinent biographic information (name of author(s), title, etc.) has been entered into our computer file. Please advise us (by phone or mail) that your presentation was given. At that time, we will need the date (month, day and year) along with the location of your presentation. It is important to update this information so that we can provide quality support for you, your department, and the Medical Center commander. This information is used to document the scholarly activities of our professional staff and students, which is an essential component of Wilford Hall Ambulatory Surgical Center (WHASC) internship and residency programs.
3. Please know that if you are a Graduate Health Sciences Education student and your department has told you they cannot fund your publication, the 59th Clinical Research Division may pay for your basic journal publishing charges (to include costs for tables and black and white photos). We cannot pay for reprints. If you are a 59 MDW staff member, we can forward your request for funds to the designated Wing POC at the Chief Scientist's Office, Ms. Alice Houy, office phone: 210-292-8029; email address: [alice.houy.civ@mail.mil](mailto:alice.houy.civ@mail.mil).
4. Congratulations, and thank you for your efforts and time. Your contributions are vital to the medical mission. We look forward to assisting you in your future publication/presentation efforts.

  
PAUL T. BARNICOTT, GS-15, DAF  
Deputy Director, Clinical Research Division

# PROCESSING OF PROFESSIONAL MEDICAL RESEARCH/TECHNICAL PUBLICATIONS/PRESENTATIONS

## INSTRUCTIONS

### USE ONLY THE MOST CURRENT 59 MDW FORM 3039 LOCATED ON AF E-PUBLISHING

1. The author must complete page two of this form:
  - a. In Section 2, add the funding source for your study [ e.g., 59 MDW CRD Graduate Health Sciences Education (GHSE) (SG5 O&M); SG5 R&D; Tri-Service Nursing Research Program (TSNRP); Defense Medical Research & Development Program (DMRDP); NIH; Congressionally Directed Medical Research Program (CDMRP) ; Grants; etc.]
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2. Print your name, rank/grade, sign and date the form in the author's signature block or use an electronic signature.
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4. Attach a copy of your abstract, paper, poster and other supporting documentation.
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11. The Joint Ethics Regulation (JER) DoD 5500.07-R, *Standards of Conduct*, provides standards of ethical conduct for all DoD personnel and their interactions with other non-DoD entities, organizations, societies, conferences, etc. Part of the Form 3039 review and approval process includes a legal ethics review to address any potential conflicts related to DoD personnel participating in non-DoD sponsored conferences, professional meetings, publication/presentation disclosures to domestic and foreign audiences, DoD personnel accepting non-DoD contributions, awards, honoraria, gifts, etc. The specific circumstances for your presentation will determine whether a legal review is necessary. **If you (as the author) or your supervisor check "NO" in block 17 of the Form 3039, your research or technical documents will not be forwarded to the 502 ISG/JAC legal office for an ethics review.** To assist you in making this decision about whether to request a legal review, the following examples are provided as a guideline:

For presentations before professional societies and like organizations, the 59 MDW Public Affairs Office (PAO) will provide the needed review to ensure proper disclaimers are included and the subject matter of the presentation does not create any cause for DoD concern.

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**NOTE:** All abstracts, papers, posters, etc., should contain the following disclaimer statement:

***"The views expressed are those of the [author(s)] [presenter(s)] and do not reflect the official views or policy of the Department of Defense or its Components"***

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***"The voluntary, fully informed consent of the subjects used in this research was obtained as required by 32 CFR 219 and DODI 3216.02\_AFI 40-402."***

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***"The experiments reported herein were conducted according to the principles set forth in the National Institute of Health Publication No. 80-23, Guide for the Care and Use of Laboratory Animals and the Animal Welfare Act of 1966, as amended."***

PROCESSING OF PROFESSIONAL MEDICAL RESEARCH/TECHNICAL PUBLICATIONS/PRESENTATIONS			
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5. PROTOCOL TITLE: (NOTE: For each new release of medical research or technical information as a publication/presentation, a new 59 MDW Form 3039 must be submitted for review and approval.) The Prevalence of Metabolic Syndrome in Air Force Retirees			
6. TITLE OF MATERIAL TO BE PUBLISHED OR PRESENTED: When Military Fitness Standards No Longer Apply: The High Prevalence of Metabolic Syndrome in Recent Air Force Retirees			
7. FUNDING RECEIVED FOR THIS STUDY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO FUNDING SOURCE: AFMSA/SG9			
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LAST NAME, FIRST NAME AND M.I.	GRADE/RANK	SQUADRON/GROUP/OFFICE SYMBOL	INSTITUTION (If not 59 MDW)
a. Primary/Corresponding Author True, Mark W.	O-6/Col	959 MDOS/SGOT	
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c. Sauerwein, Tom J.	GP-15	59 MDSS/Diabetes Ctr of Excellence	
d. Cranston, Marcus C.	O-6/Col (ret)	n/a	
e.			
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18. AUTHOR'S PRINTED NAME, RANK, GRADE Mark W. True, Col, O-6		19. AUTHOR'S SIGNATURE TRUE.MARK.W.1119949757	20. DATE April 17, 2017
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26. DATE REVIEWED April 20, 2017	27. DATE FORWARDED TO 502 ISG/JAC	
28. AUTHOR CONTACTED FOR RECOMMENDED OR NECESSARY CHANGES: <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES If yes, give date. April 19, 2017 <input type="checkbox"/> N/A		
29. COMMENTS <input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED Abstract previously approved under number 16113, with some changes to resubmission. Appropriate disclaimers included. Approved		
30. PRINTED NAME, RANK/GRADE, TITLE OF REVIEWER Kevin Kupferer/GS13/Human Research Subject Protection Expert	31. REVIEWER SIGNATURE KUPFERER KEVIN R.1086667270 <small>Digitally signed by KUPFERER KEVIN R.1086667270 DN: cn=US, ou=U.S. Government, ou=DOD, ou=PKI, ou=USAF, email=KUPFERER, KEVIN R.1086667270 Date: 2017.04.20.16:44:07 -0500</small>	32. DATE April 20, 2017
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42. PRINTED NAME, RANK/GRADE, TITLE OF REVIEWER Kevin Inuma, SSgt/E-5, 59 MDW Public Affairs	43. REVIEWER SIGNATURE Inuma Kevin Mitsugu 1296227613 <small>Digitally signed by INUMA KEVIN MITSUGU 1296227613 DN: cn=US, ou=U.S. Government, ou=DOD, ou=PKI, ou=USAF, cn=INUMA KEVIN MITSUGU 1296227613 Date: 2017.04.20.11:22:37 -0500</small>	44. DATE April 20, 2017
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## Abstract

**Background:** Metabolic syndrome (MetS) is strongly associated with cardiovascular disease (CVD). With MetS prevalence rates increasing in the US population, prevention efforts have largely focused on diet and exercise interventions. Prior to retirement, military service members have met fitness requirements for at least 20 years, and have lower MetS rates compared to age-matched US population controls (23.4% vs. 39.0%), which suggests a protective effect of the lifestyle associated with military service. However, MetS rates in military retirees have not been previously reported, so it is unknown whether this protective effect extends beyond military service. The purpose of this study was to examine the prevalence of MetS and individual diagnostic criteria in a population of recent USAF retirees.

**Methods:** We obtained IRB approval for all participating sites at Wilford Hall Ambulatory Surgical Center. From December 2011 to May 2013, USAF retirees within eight years of their date of retirement were recruited at five USAF bases. Consenting subjects underwent examination and laboratory studies to assess the five diagnostic criteria measures for MetS. We used binary logistic regression to examine the relationship between various factors and the presence of MetS.

**Results:** The study population (n = 381) was primarily male (81.9%), enlisted (71.1%) and had a mean age of 48.2 years. When applying the American Heart Association (AHA) MetS diagnostic criteria to this population, the MetS prevalence was 37.2%. When using alternative diagnostic criteria found in other published studies that did not include the use of cholesterol medications, the MetS prevalence was 33.6%. Per AHA criteria, the prevalence of each of the MetS diagnostic criteria was as follows: central obesity, 39.8%; elevated fasting glucose, 32.4%;

high blood pressure, 56.8%; low HDL-cholesterol, 33.3%; and elevated triglycerides, 42.7%. MetS was more common among males (OR = 4.05; CI = 1.94, 8.48) and enlisted (OR=2.23; CI=1.24, 4.01). It was also strongly associated with a history of participating in the Air Force Weight Management Program (OR=2.82; CI=1.41, 5.63) and increased weight since retirement (OR=4.00; CI=1.84, 8.70). However, the study did not find an association between the presence of MetS and time since retirement or self-reported diet and exercise changes since retirement.

**Conclusions:** The MetS prevalence among recent USAF retirees represents a shift from age-matched active duty rates towards higher rates described in the overall US population. This finding suggests the protective health effects of fitness standards may be reduced shortly after retirement. This is true despite activities such as screening prior to and during military service and exposure to USAF health promotion efforts and fitness standards throughout a period of active duty service lasting at least 20 years. In general, military members should be counseled that upon retirement, efforts to maintain a healthy weight have continued benefit and should not be forgotten. The risk of MetS after retirement is particularly increased for those identified as being overweight during their active duty careers. Interventions that prevent and reduce unhealthy weight gain may be an appropriate investment of resources and should be studied further.

The views expressed are those of the author(s)/presenter(s) and do not reflect the official views or policy of the Department of Defense or its Components.