Sir,

A survey conducted a month after the tsunami in December 2004 in the Andaman islands compared the emotional impact and coping in endogenous people (EP) and second-generation mainland immigrants (ML; from Tamil Nadu, Andhra Pradesh and West Bengal), as the groups differed in (i) social organization (EP constituting close communities under a ‘captain’, ML having the family as the main (unit), and (ii) religion (EP mainly Christians, ML mainly Hindus). The groups were comparable with respect to education, socio-economic status, age-range (25 to 55 years), tsunami-related loss and trauma (though this was not directly measured). The immigrants constitute approximately 70% of the population and are well integrated. Out of 1800 persons approached, 500 completed a survey of symptoms and 68 completed an additional survey of coping strategies. Of the 500, 54% were endogenous people. Respondents rated the intensity of four symptoms that are commonly reported by disaster survivors, viz, fear, anxiety, disturbed sleep, and sadness using a 10 cm analog scale.

The ML group had higher levels for all four indicators (p<.001). The mean values and standard deviations for ML versus EP group, respectively were: (i) for fear: 5.7 ± 3.0 cm versus 4.4 ± 2.9 cm; (ii) for anxiety: 6.2 ± 2.9 cm versus 4.4 ± 2.8 cm; (iii) for disturbed sleep: 5.0 ± 3.6 cm versus 3.9 ± 3.0 cm; and (iv) for sadness: 7.2 ± 2.5 cm versus 5.5 ± 2.8 cm.

Following a major disaster the coping strategies used have an important effect on physical and mental health. An exploratory analysis of coping strategies based on the sub-sample of 68 showed comparable numbers selected specific strategies as first choice, viz. interpersonal contact or using religious practices. The groups differed in their second choice, the largest number of the EP group selecting interpersonal contact while the ML group selected denial strategies, especially alcohol (p<.001, χ²). These differences may have contributed to the higher levels of distress in the ML

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EMOTIONAL IMPACT FOLLOWING THE TSUNAMI IN ENDogenous PEOPLE AND MAINLAND SETTLERS IN THE ANDAMAN ISLANDS

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The Metabolic syndrome is a widely prevalent and multi-factorial disorder. The syndrome has been given several names, including- the metabolic syndrome, the insulin resistance syndrome, the plurimetabolic syndrome, and the deadly quartet. With the formulation of NCEP/ATP III guidelines, some uniformity and standardization has occurred in the definition of metabolic syndrome and has been very useful for epidemiological purposes. The mechanisms underlying the metabolic syndrome are not fully known; however, resistance to insulin stimulated glucose uptake seems to modify biochemical responses in a way that predisposes to metabolic risk factors. The clinical relevance of the metabolic syndrome is related to its role in the development of cardiovascular disease.

Management of the metabolic syndrome involves patient-education and intervention at various levels. Weight reduction is one of the main stays of treatment. In this article we comprehensively discuss this syndrome - the epidemiology, pathogenesis, clinical relevance and management. The need to do a comprehensive review of this particular syndrome has arisen in view of the ever-increasing incidence of this entity. Soon, metabolic syndrome will overtake cigarette smoking as the number one risk factor for heart disease among the US population. Hardly any issue of any primary care medical journal can be opened without encountering an article on type 2 diabetes, dyslipidemia or hypertension. It is rare to see type 2 diabetes, dyslipidemia, obesity or hypertension in isolation. Insulin resistance and resulting hyperinsulinemia have been implicated in the development of glucose intolerance (and progression to type 2 diabetes), hypertriglyceridemia, hypertension, polycystic ovary syndrome, hypercoagulability and vascular inflammation, as well as the eventual development of atherosclerotic cardiovascular disease manifested as myocardial infarction, stroke and myriad end organ diseases. Conversely, treatment and consequent improvement of insulin resistance have been shown to result in better outcomes in virtually all of these conditions.

**Key words:** Metabolic Syndrome, Insulin resistance, Obesity

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