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Cruxpoint Health Breakthrough, Inc.

Optimal Waist/Hip & Waist/Height Ratios

Men

Waist-to-Hip Ratio (WHR):

- Optimal: ~0.85 or lower
- Health risk threshold:
 - Low risk: < 0.90
 - Moderate risk: 0.90–1.0
 - High risk: > 1.0

Rationale: Men tend to carry more visceral fat in the abdominal region (android fat pattern). A WHR above 0.90 is strongly correlated with increased risk of cardiovascular disease, type 2 diabetes, and metabolic syndrome.

Waist-to-Height Ratio (WHtR):

- Optimal: 0.45–0.50
- Health risk threshold:
 - Low risk: < 0.50
 - Increased risk: ≥ 0.50
 - Severe risk: ≥ 0.60

Interpretation rule of thumb: Your waist should be less than half your height.

Women

Waist-to-Hip Ratio (WHR):

- Optimal: ~0.70 or lower
- Health risk threshold:
 - Low risk: < 0.80

- Moderate risk: 0.80–0.85
- High risk: > 0.85

Rationale: Women typically have more fat distributed around the hips and thighs (gynoid fat pattern), which is less associated with metabolic disease. A WHR around 0.7 is also evolutionarily associated with higher fertility and overall health.

Waist-to-Height Ratio (WHtR):

- Optimal: 0.42–0.48
- Health risk threshold:
 - Low risk: < 0.50
 - Increased risk: \geq 0.50
 - Severe risk: \geq 0.60

Key Sex Differences

Metric	Men	Women	Notes
Fat distribution pattern	Android (abdominal)	Gynoid (hips/thighs)	Driven by testosterone vs estrogen
Optimal WHR	~0.85	~0.70	Reflects sex-specific fat storage
Health risk WHR cutoff	>0.90	>0.85	Above these, risk of metabolic disease rises sharply
Optimal WHtR	<0.50	<0.50	Same guideline applies to both sexes
WHtR advantage	—	—	WHtR is a more universal predictor of health risk than BMI

Summary Insight

- WHR is sex-specific and reflects fat distribution differences.
- WHtR is nearly sex-independent and one of the best predictors of health risk — far better than BMI.
- A WHtR below 0.5 is the most consistent indicator of good metabolic health across both sexes and ethnic groups.