

THE SUBCLINICAL HYPOTHYROIDISM / WHEN WE TREAT IT?

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Although subclinical hypothyroidism has been detected with increasing frequency in recent years, is still causing major controversies concerning management and treatment. Because the cardiovascular system is considered a main target for the action of thyroid hormone, we evaluated the effect of physiological, TSH-guided, L-thyroxine treatment on serum lipids and clinical symptoms in patients with subclinical hypothyroidism.

A cohort of 76 patients with subclinical hypothyroidism was studied retrospectively, over a mean observation period of 36 months. We assessed general well being, serum lipids, thyroid function tests, antibody status (ATPO). Subclinical hypothyroidism was classified as grade I (TSH 4.5-6 mUI/L-37 patients), grade II (TSH 6-12 mUI/L-25 patients), grade III (TSH >12 mUI/L-14 patients). Substitutive treatment was commenced at a value of TSH above 6 mUI/L. Initial TSH value was a strong predictor for disease progression seen in 35% of patients with grade I, 50% with grade II and 69% with grade III. An improvement in lipids concentrations could be observed (- 4.5% for total cholesterol and -8.8% for LDL). Substitutive treatment in subclinical hypothyroidism grade II and III has benefits on symptoms, lipid profiles and cardiac function.
