THE SUBCLINICAL HYPOTHYROIDISM /
WHEN WE TREAT IT?

Sînziana Ghiţă MD¹, assist. Mădălina Muşat MD²
¹University of Medicine and Pharmacy Târgu Mureş
²Institute of Endocrinology C.I.Parhon, Bucharest

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.