

Original Research Paper

General Medicine

STUDY OF THYROID PROFILE IN PATIENTS OF TYPE II DIABETES MELLITUS – A CASE CONTROL STUDY

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KEYWORDS:

INTRODUCTION:-

Thyroid hormones play an indispensable role in various metabolic process in our body. Excess or deficiency of either insulin or thyroid hormones can result in functional abnormalities of one another. Though it has been since long recognised that diabetes and thyroid disorder share a complex interplay of factors, the present study is planned to study the thyroid profile in patients of type 2 diabetes mellitus

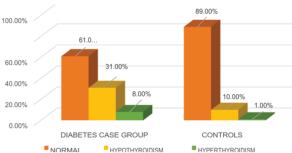
AIMS:-

To study the Thyroid profile in patients of Type 2 Diabetes

Observational, single centre, case control study. All patients of either gender, aged 30 to 60 years, with Type 2 diabetes mellitus were included in the study.

Statistics-

Distribution of the study population according to the presence of Thyroid disorder in the two groups



THYROID STATUS	DIABETES CASE GROUP		CONTROLS	
	N	%	N	%
NORMAL THYROID STATUS	61	61%	89	89% j
SUBCLINICAL THYROIDISM	21	21%	9	9%
HYPOTHYROIDISM	10	10%	1	1%
SUBCLINICAL THYROIDISM	5	5%	1	1%
HYPERTHYROIDISM	3	3%	0	0%
TOTAL	100	100%	100	100%
P VALUE	<0.001*			
SIGNIFICANCE	Statistically significant			

RESULTS:-

it was found that only 61% of the patients with Diabetes were euthyroid. Amongst the patients with thyroid disorder, hypothyroidism was more prevalent than hyperthyroidism 31% and 10% respectively. On further assessment with respect to primary and subclinical thyroid disorder, it was found that subclinical hypothyroidism (21%) was more common as compared to Primary hypothyroidism (10%) and subclinical hyperthyroidism (5%) was more common than hyperthyroidism (3%) in the patients with diabetes.

CONCLUSION-

It was further observed that hypothyroidism was more prevalent than hyperthyroidism and subclinical cases were

more common than the primary cases in hypothyroidism as well as hyperthyroidismHence, we conclude that screening for thyroid dysfunction among patients with diabetes mellitus should be routinely performed, to recognise thesedysfunctions early. This will ensure timely therapeutic intervention and in turn will improve the management of both diseases leading to better quality of life and decreasing the burden of complications.

REFERENCES-

American Diabetes Association. 2. Classification and diagnosis of diabetes: Standards of Medical Care in Diabetes—2018. Diabetes Care. 2018:41(Supple 1): S13-S27