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FEATURES OF THE COURSE OF DIABETES MELLITUS AND ARTERIAL HYPERTENSION IN SUBCLINICAL HYPOTHYROIDISM

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Annotation

Subclinical hypothyroidism (SHT) is a significant medical and social health problem due to the high incidence and prevalence, as well as the development of cardiovascular complications [1, 2, 3,22]. A decrease in thyroid function is associated with the development of dyslipidemia, leading to the progression of vascular complications in patients with DM, an increased risk of developing cardiovascular diseases, including arterial hypertension (AH) [4, 5, 6,21]. Subclinical hypothyroidism occurs in 4-18% of the adult population, a wide range that results from differences in age, gender, BMI, race, dietary iodine intake, and the cut-off concentrations of serum TSH used to define this condition[7,8,10]. For example, most epidemiological surveys have reported that the prevalence of mild thyroid dysfunction was higher in older than in younger populations. [19,20]. In addition, overt or SHT occurs more frequently in areas of abundant iodine intake than in iodine-deficient areas, suggesting that iodine supplementation may increase the incidence of this disease. [11,12,14]. Subclinical hypothyroidism may be persistent or transient. In some of these patients, the transient expression of TSH-receptor blocking antibodies may indicate the recovery of thyroid function. [9,17,18]. Thus, it may be reasonable to reassess antibodies to thyroid hormones, including TSH-receptor blocking antibodies, in patients previously diagnosed with hypothyroidism to determine whether the latter is transient or permanent [13,15,16].

Keywords

Subclinical hypothyroidism, cardiovascular disease, type 2 diabetes mellitus, arterial hypertension, individual metabolic, glycated hemoglobin.

Purpose of the work: to study the relationship between subclinical hypothyroidism (SHT) and individual metabolic parameters in patients with type 2 diabetes mellitus (DM2) and arterial hypertension (AH).

Work tasks: 1. To study the prevalence and degree of hypertension in patients with hypertension and type 2 diabetes on the background of SHT. 2. To analyze the indicators of body mass index (BMI), glycated hemoglobin (HbA1c), blood lipid spectrum in patients with hypertension against the background of type 2 diabetes and SHT.

Materials and methods: 72 patients were examined, who were hospitalized at the RSSPTSESF with essential hypertension, the average age was 55.3±4.7 years. All patients were divided into 3 groups. The first group (n=22) consisted of patients with hypertension on the background of type 2 diabetes and SHT; the second group (n=28) - patients with AH in combination with type 2 diabetes, having a euthyroid state. 20 AH patients with normal levels of thyroid hormones and carbohydrate metabolism were included in the third (control) group. The groups were comparable in terms of age, duration of type 2 diabetes and AH, body mass index (BMI).

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The results obtained and their discussion. An analysis of the prevalence of hypertension showed the predominance of the occurrence of grade 3 hypertension in 18.5% of patients in the first group compared with the other two groups. The prevalence of dyslipidemia in patients of the first group was 92.6%, while in the second and third groups this figure was 87% and 76.6%, respectively. In patients of the first group, compared with the second group of patients, the content of triglycerides was significantly (p 0.05) higher (2.68±0.53 and 2.6±0.64 mmol/l, respectively) and the atherogenic index (5.56± 1.02 and 5.43±0.95, respectively).

Conclusions: In patients with subclinical hypothyroidism and type 2 diabetes mellitus, there is an increase in the incidence of grade 2 and 3 AH, an increase in body mass index, insufficient compensation for carbohydrate metabolism, and pronounced lipid metabolism disorders, which necessitates correction of therapy with subsequent observation.

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