

Research Article

A prospective study on prevalence and characteristics of hematologic effects associated with subclinical hypothyroidism

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ABSTRACT

Background: Distinctive types of iron deficiency have been accounted for patients with obvious hypothyroidism with a predominance of up to 47%. Regardless of the fact that vitamin B12, folic corrosive and iron fixations are ordinary, weakness that standardizes in light of thyroxine substitution is found in up to 25% of hypothyroid patients.

Methods: Briefly, 50 women with SCH were enrolled in the study. Patients between 18 and 65 years old, with TSH levels more than 5.0 mIU/L, the patients selected has a history of hypothyroidism for more than a year and were on oral levothyroxine. A total of 50 participants were enrolled in the study. Blood samples were collected from 50 selected hypothyroid patients on the basis of a history of a hypothyroidism, persistent Anemia, of these patients all were females.

Results: In present study 25 cases of age group 41-65 years there were almost 10 patients having high thyroid stimulating factor (Tsh) that is more than (0.3-5.0U/MI), Constitute to be 40% cases in this age category. Hence patients with high age may slower the response towards a levothyroxine hormone and hence have the high risk of developing anemia.

Conclusions: Thyroid dysfunctions have an immediate impact on hemoglobin levels and these progressions should be considered in therapeutic consideration by medical practitioner.

Keywords: Hypothyroidism, Anemia, Iron deficiency

INTRODUCTION

Distinctive types of iron deficiency have been accounted for patients with obvious hypothyroidism with a predominance of up to 47%.¹ Regardless of the fact that vitamin B12, folic corrosive and iron fixations are ordinary, weakness that standardizes in light of thyroxine substitution is found in up to 25% of hypothyroid patients.¹

A weakened erythropoietin (Epo) generation prompts normochromic normocytic sickliness, the most widely recognized type of frailty in thyroid failure. Less

continuous types of sickliness in hypothyroidism are hypochromic microcytic pallor connected with iron inadequacy in subclinical hypothyroidism (SCH) is characterized by the finding of lifted TSH levels in the nearness of ordinary circling thyroid hormones.

It is not clear whether SCH influences the hematopoietic framework at all and specifically the centralization of hemoglobin and the dissemination of fringe blood components. In this manner, the point of our study was to research the impact of L-thyroxine treatment on fringe blood components in patients with affirmed SCH breaking down information from a planned two fold

visually impaired treatment controlled study. In particular, we assessed the impact of thyroid hormone substitution on hemoglobin.¹

The commonness of iron deficiency in patients with hypothyroidism has been appeared to be 20-60%, thyroid hormones required in hemoglobin union in grown-ups and influencing the hematopoietic procedure, hypothyroidism results in sickness through abating the oxygen metabolism.² Immune system responses are the most widely recognized reasons for hypothyroidism than Non-autoimmune sort and it has been demonstrated that the expanded recurrence of unending frailty in patients with immune system thyroid illness can be brought about by simultaneous immune system gastrointestinal malady.²

The pervasiveness of thyroid brokenness is increasing.³ Microcytic sickness may happen on the basis of iron lack that has ordinarily been ascribed to diminished iron ingestion optional to the achlorhydria that may go with hypothyroidism or to unnecessary menstrual blood misfortune that is said to happen.⁴ Financial status is an element in the improvement of iron deficiency.⁵ Albeit a few studies have found a high predominance of weakness (25%-50%) in hypothyroid patients frailty was just infrequently because of iron lack Serum ferritin focuses and add up to iron-restricting limit might be lower in hypothyroid grown-ups contrasted and euthyroid controls.⁵

In hypothyroid understanding with low hemoglobin and serum iron levels, Hemoglobin fixations increment with T4 substitution, yet the Hemoglobin increment is more prominent when T4 is given with iron. Poor iron assimilation in hypothyroidism might be because of achlorhydria.⁶ Iron supplementation enhances the adequacy of iodized salt in goitrous kids with iron lack in Cote d'Ivoire.⁷ In this way our study intended to discover the relationship of thyroid hormone status with iron lacking patients in Indian population.⁷

As of late studies completed in human and creatures have recommended that iron lack can influence the thyroid hormone in digestion system and peroxidase chemical which is catalyzed starting strides of thyroid hormone combination is subjected to the iron.⁸ Microcytic anemia for the most part credit to malabsorption of Iron and loss of Iron by menorrhagia, though, macrocytic frailty causes or prompts malabsorption of vitamin B12, folate, pernicious paleness and deficient nourishment.⁹

Immune system resulting in hypothyroidism might be connected with signs or side effects of other immune system sicknesses, especially vitiligo, malevolent sickness, Addison's infection, alopecia areata, also, sort 1 diabetes mellitus.¹⁰ Less-regular affiliations incorporate celiac sickness, dermatitis herpetiformis, interminable dynamic hepatitis, rheumatoid joint pain, systemic lupus erythematosus (SLE), myasthenia gravis, and Sjögren's syndrome.¹⁰ The pervasiveness of thyroid issue contrasts

starting with one society then onto the next and hypothyroidism is the most common sort with a reported recurrence of 2-5% around the world.

Likewise, the commonness of subclinical hypothyroidism is around 4-8.5% and it can expand Thyroid and iron deficiency in regenerative ladies to up to 20% in ladies matured 60 years or more established. Adjust locally, hyperthyroidism is less predominant with a recurrence extending somewhere around 0.5 and 2% in women¹¹. Females are more inclined to the advancement of thyroid issue and/or iron deficiency, particularly amid the conceptive age and pregnancy.¹¹

It is conceivable that the thyroid deficiency and the ensuing captured hematopoiesis, Block or keeps the all-out bone marrow dysplastic components of MDS from appearances (Myelodysplastic disorder).¹² Subclinical hypothyroidism is likewise a typical issue with a pervasiveness of 4-10% as a rule populace. We have not very many studies in Indian connection on SCH and its connection with IDA.¹³ Predominance of vitamin B12 insufficiency increments alongside the age and the commonness was seen as 1.6% to 10% in Europe. In a study by chanchal das et al study, vitamin B12 inadequacy was 10 % comparable with these qualities. It generally happens as an aftereffect of malabsorption because of malignant frailty going with hypothyroidism.¹⁴

Aims and objectives

This planned study has been attempted with the accompanying targets, to concentrate on the predominance of Iron deficiency in hypothyroid patients and to assess the etiologic proof of Anemia in patients with hypothyroidism.

METHODS

The present analysis was part of a prospective, briefly, 50 women with SCH were enrolled in the study. Patients between 18 and 65 years old, with TSH levels more than 5.0 mIU/L, free T4 concentration within the normal range, and good general health were included. The study was conducted From January to April 2016. Owaisi Hospital 1000 bedded teaching hospital, situated in Hyderabad, providing specialized tertiary level health care services to all strata of people.

Patients visiting the outpatient department of general medicine in Owaisi hospital were selected for the present study, the patients selected has a history of hypothyroidism for more than a year and were on oral levothyroxine.

A total of 50 participants were enrolled in the study. Blood samples were collected from 50 selected hypothyroid patients on the basis of a history of a hypothyroidism, persistent Anemia, of these patients all were females. Details of the patients like history of

hypothyroidism and other laboratory parameters were recorded in the predesigned and pretested performa which consists (TSH) thyroid stimulating hormone and Hemoglobin.

All these parameters were investigated, recorded and tabulated. Finally a comparison was made between the age of patients correlating the TSH and hemoglobin; later the results were calculated and recorded in terms of means±standard deviation.

Inclusion criteria

- Patient with ordinary thyroid ultrasound examination.
- Patient with iron insufficiency frailty
- Patient with negative history for clear blood misfortune and negative finding in upper gastrointestinal endoscopy and negative pelvic ultrasound for females.

Exclusion criteria

- Patients matured beneath 18 years or more 65
- Patients displaying to crisis division with cardiovascular crises were rejected.
- Patients who have not experienced cardiovascular catheter Surgeries.

Statistical analysis

Using Microsoft word, Microsoft excels and Epi Info 7 Statistical analysis was done.

Ethical approval

Approval from institutional review board was obtained before the study was initiated.

RESULTS

Out of 50 patients, 35 patients with hypothyroidism are anaemic which constitute to be n=35 (70%) of the populace involved in the study had estimation of hemoglobin under 12 gm/dl. This shows to be the one the regular concerned connected with hypothyroidism. Rest n=15 (30%) patients who were in non-anemic, there

may be possibility to these patients may develop anemia in future.

In present study 25 cases of age group 41-65 years there were almost 10 patients having high thyroid stimulating factor (Tsh) that is more than (0.3 - 5.0 U/MI), Constitute to be 40% cases in this age category. Hence a patient with high age may slower the response towards a levothyroxine hormone and hence has the high risk of developing anemia. While 25 participants in an age group 20-40 years of age have high thyroid stimulating factor value i.e more than 10 in 12 subjects resulting in 48%. This indicates that the patients below the age of 40 years may have high thyroid stimulating factor values compared to that of older age group. Among both groups the 20-40 years age group is high prone to anemia with a mean of 10.54±1.93 when compared to the mean of older age group 9.74±2.35.

Table 1: Mean for overall patients.

Category	Overall patients Mean ± SD
Age (Years)	40.58±12.56
Normal : Hb 12-15 Gm/Dl	10.12±2.17
Normal: Tsh 0.3 - 5.0 U/MI	10.57±3.19

The above table shows that in the present study mean age for hypothyroid patients was 40.58 years and mean Hemoglobin levels are 10.12 ± 2.17 which is lower than the normal range 12-15 Gm/Dl; while the thyroid stimulating factor has the mean±standard Deviation 10.57±3.19. This is much higher than the normal range 0.3 - 5.0 U/MI as mention in Table 1.

Table 2: Percentage of anemia with different age groups.

	Age group 20-40 years	Age group 41-65 years
Anemic Hb below 12 gm/dl	65.2%	80%
Non -Anemic	34.7%	20%

As there was 80% of the patients in an age group of 41 to 65 years may develop anemia, as compared to the patients with age lower than 41 has 65.2% risk of developing anemia as mention in Table 2.

Table 3: Mean TSH and HB values with different age groups.

Category	Age group 20-40 years (Mean ± SD)	Age group 41-65 years (Mean ± SD)
Age (Years)	29.82±7.26	50.48±6.93
Normal : Hb 12-15 Gm/Dl	10.54±1.93	9.74±2.35
Normal: Tsh 0.3 - 5.0 U/MI	10.40±2.39	10.73±3.82

The mean age of the patients between 20-40 years is 29.82 ± 7.26 while the mean age for the age for patients 41-65 years is 50.48 ± 6.93 . Among these age bunches the Hemoglobin levels in the more young patients is 10.54 ± 1.93 , while in the more established age gather its 9.74 ± 2.35 which was lower than the more young age patients. While the Thyroid stimulating component in the age group 20-40 years was 10.40 ± 2.39 when contrasted with the age group 41-65 years it was 10.73 ± 3.82 , which was somewhat higher than the more young age patients as notice in the Table 3.

DISCUSSION

Iron deficiency is a successive finding in hypothyroidism and may take an interest in the clinical picture of hypothyroidism, that influences numerous organs, yet changes in the hematopoietic system have never been assessed.¹ The present study assessed patients with hypothyroid have a great risk of building up the iron deficiency.

The aftereffects of this planned study in female patients with SCH demonstrate low hemoglobin levels with more established age aggregate essentially in patients with hypothyroidism. The mean TSh in the study conducted by Mirjam Christ-Crain et al¹ shows 14.1 ± 9.8 before levothyroxine treatment; while present study reveals 10.57 ± 3.19 .

As the hemoglobin levels in the present study was found to be 10.12 ± 2.17 in overall study population, while in a study conducted by Mirjam Christ-Crain et al revealed a hemoglobin levels as 13.3 ± 0.9 . The anemia in patients with hypothyroidism was found 61.4% in the patients, in a study conducted by mitra kazemi-jahnomei, while present study reveals of 70%.² This was higher than the study by mitra kazemi-jahnomei.

The mean age of present study was found to be 40.58 ± 12.56 years, while the study conducted by Mohamed Kammal et al revealed the mean age of 37.40 ± 12.64 years.³ As the tsh in kammal's study was found to be 3.21 ± 0.9 . But in the current study it was 10.57 ± 3.19 which was much higher than the kammal's study in Sudanese population. While the study conducted by S Akhter et al reveals of TSH values as 3.32 ± 1.54 which was conducted in Bangladesh population⁷.

And the mean age in the study conducted by Erdem Gökdeniz et al was 35.8 ± 8.6 years in Turkish population.⁸ The hemoglobin levels in the study by erdem found to be 13.3 ± 1.3 while present study revealed 10.12 ± 2.17 in Indian population. The mean age of the patients between 20-40 years is 29.82 ± 7.26 while the mean age for the age for patients 41-65 years is 50.48 ± 6.93 . And in the study conducted by Dorgalaleh A et al it was found to be 14.1 which was much lower in than an age group in 20-40 years in our study.⁹ Among these age clusters the Hemoglobin levels in the more

youthful patients is 10.54 ± 1.93 , while in the more settled age assemble its 9.74 ± 2.35 which was lower than the more youthful age patients. While in the study by Dorgalaleh A et al shows a value of 12.2 gm/dl which was almost in the normal range in hypothyroid patients.⁹ While the thyroid empowering segment in the age bunch 20-40 years was 10.40 ± 2.39 when appeared differently in relation to the age bunch 41-65 years it was 10.73 ± 3.82 , which was to some degree higher than the more youthful age patients, While in the study by Dorgalaleh A et al shows a value of TSH as 4.97; which was in the normal or reference range.

CONCLUSION

Thyroid dysfunctions have an immediate impact on hemoglobin levels and these progressions should be considered in therapeutic consideration by medical practitioner.

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Conflict of interest: None declared

Ethical approval: The study was approved by the Institutional Ethics Committee

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