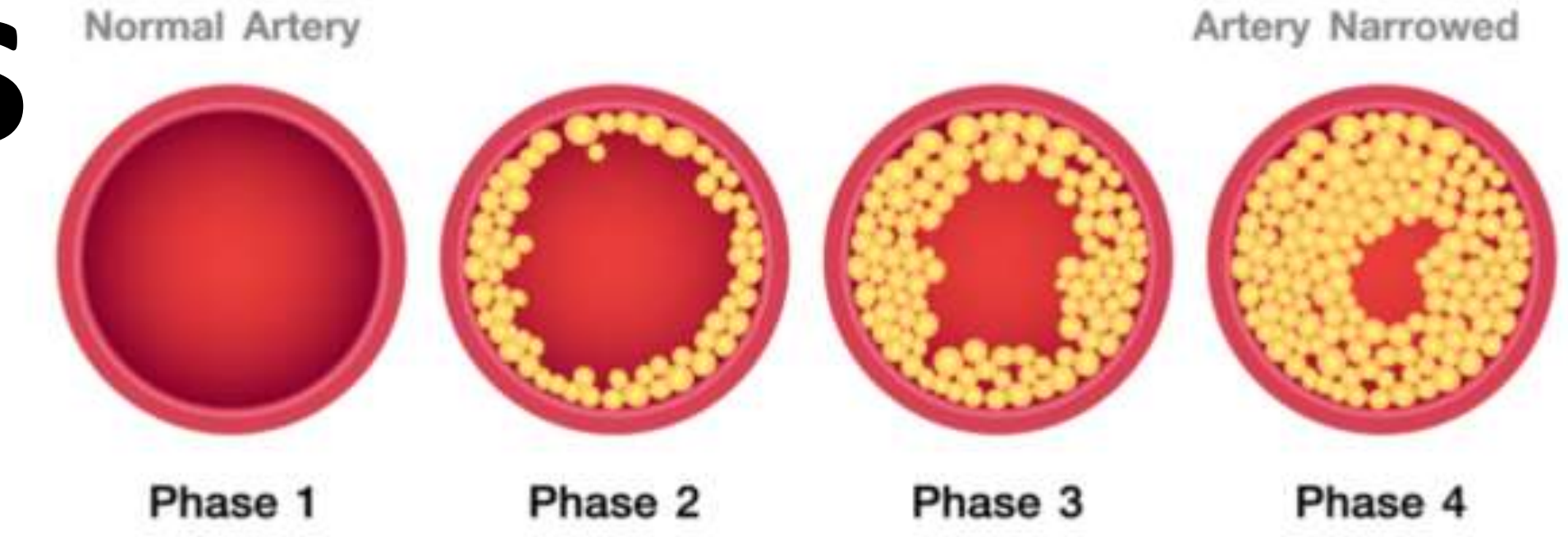


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Dyslipidemia in thyroid dysfunctions

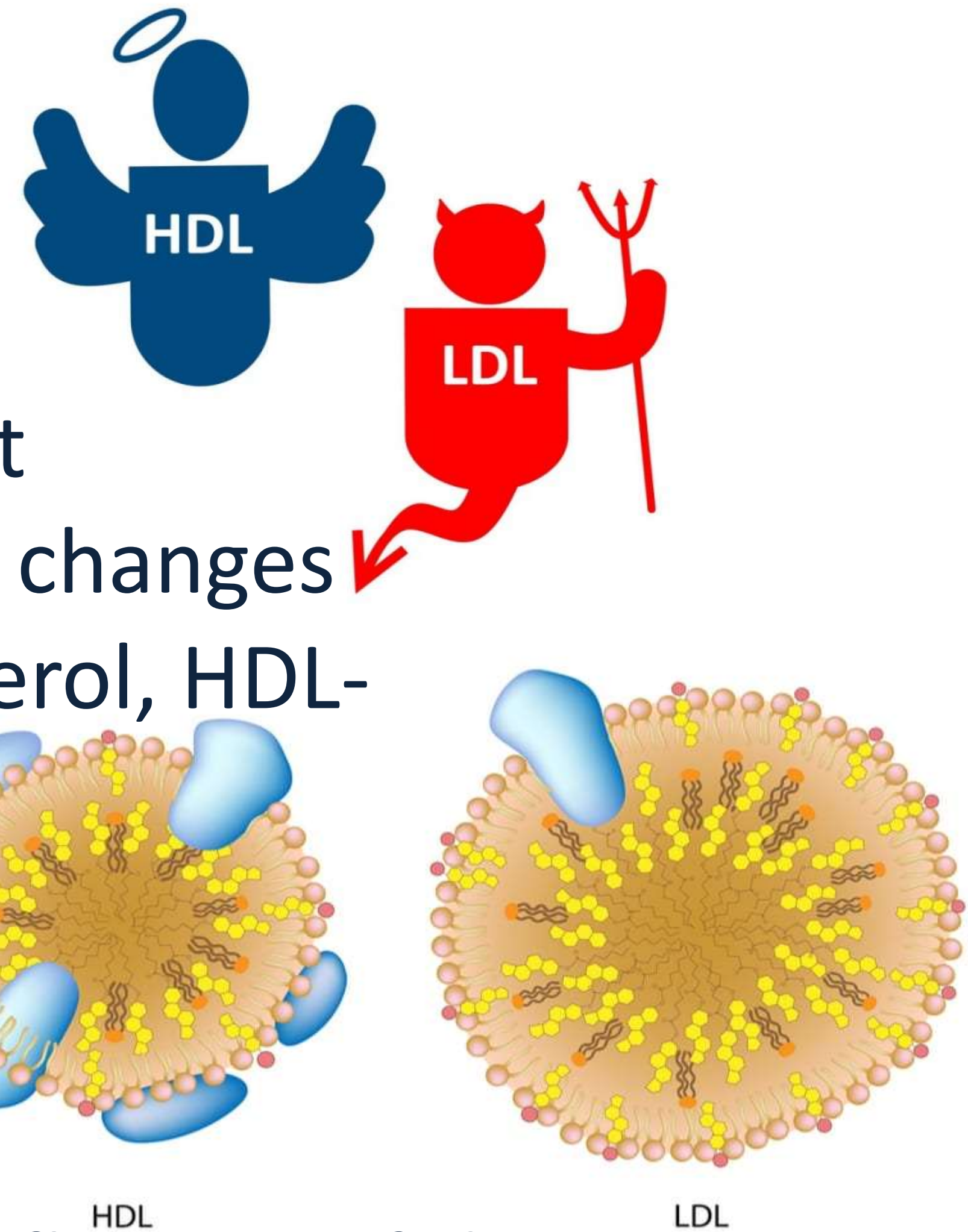


Results

Substitution therapy with L-thyroxine significantly improves the above described abnormalities of lipid metabolism and increases the previously low biliary cholesterol excretion. It usually takes up to 4-6 weeks of treatment to correct the dyslipidemia caused by the malfunction of the thyroid. In result the lipid levels are back to the normal range, but the serum glucose level remains unchanged

Introduction

Dyslipidemia is a condition characterized by altered fat metabolism highlighted by changes in cholesterol, LDL-cholesterol, HDL-cholesterol, triglycerides.



Purpose

The aim is to show the influence of the thyroid dysfunction on the lipid and mineral profiles, as well as the risks and concerns that are caused by this metabolic change.

Conclusions

The increased cardiovascular risk in thyroid dysfunction was related to the deranged lipid profile, endothelial dysfunction, metabolic, hormonal, and hemodynamic changes and coagulation disturbances, decreased bone mineral density, increased risk of osteoporotic fractures, and disturbed serum calcium and phosphate levels.

Material and methods



Dyslipidemia in patients with thyroid disorders, Evagelos N Liberopoulos, Moses S Elisaf's article form Department of Internal Medicine, University of Ioannina Medical School, Ioannina, Greece.

Keywords

Hypothyroidism, hyperthyroidism, dyslipidemia, thyroid disorders

	↑TSH	T4 v(normal)	Serum glucose v(normal)	serum cholesterol↑	triglyceride↑	LDL ↑	HDL↑	Mg v	P v
SUBCLINICAL HYPOTHYROIDISM (SHY)									
OVERT HYPOTHYROIDISM (OHY)	↑TSH	T4↓	Serum glucose ↑	serum cholesterol ↑	triglyceride↑	LDL↑	HDL↑	Mg v	P↓
SUBCLINICAL HYPERTHYROIDISM (SHE)	↓TSH	T4 v(normal)	Serum glucose v(normal)	serum cholesterol ↓	triglyceride↓	LDL↓	HDL↓	Mg v	P v
OVERT HYPERTHYROIDISM (OHE)	↓TSH	T4↑	Serum glucose↑	serum cholesterol ↓	triglyceride↓	LDL ↓	HDL ↓	Mg↓	P↑