MB-P9 HIPOTIREOIDIZAM KAO FAKTOR POGORŠANJA METABOLIČKE KONTROLE KOD PACIJENATA SA DIJABETES MELITUSOM TIP 2

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Hipotireoidizam može dodatno doprineti metaboličkim poremećajima prisutnim kod pacijenata sa dijabetes melitusom tipa 2, utičući na glikoregulaciju, lipidni profil i inflamatorni status. Cilj ovog rada bio je da se ispita uticaj hipotireoidizma na glikoregulaciju, parametre lipidnog profila i inflamacije kod pacijenata sa dijabetes melitusom tipa 2, kao i značaj postizanja ciljnih vrednosti tireostimulišućeg hormona (TSH). U istraživanju je uključeno 80 pacijenata sa dijabetes melitusom tipa 2, od kojih je 46 imalo samo dijabetes, dok je kod 34 pacijenta bio prisutan i hipotireoidizam. Pacijenti sa dijabetesom i hipotireoidizmom imali su značajno više koncentracije glukoze (9,6±3,86 prema 7,6±2,21 mmol/L; p<0,05), HbA1c (9,8±2,01 prema 8,3±1,81%; p<0,05), triglicerida i sedimentacije eritrocita (p<0,05) u poređenju sa pacijentima bez hipotireoidizma. Nisu utvrđene značajne razlike u koncentracijama ukupnog holesterola, LDL-holesterola, HDL-holesterola, C-reaktivnog proteina, fibrinogena i broja leukocita. Korelaciona analiza pokazala je pozitivnu korelaciju između koncentracije glukoze sa ukupnim holesterolom, trigliceridima i HbA1c. Pacijenti sa hipotireoidizmom dodatno su podeljeni prema vrednosti TSH na grupu sa TSH≤2,5 mIU/L i grupu sa TSH>2,5 mIU/L. Iako između grupa nisu uočene značajne razlike u parametrima glikoregulacije, većini parametara lipidnog profila i markerima inflamacije, pacijenti sa TSH>2,5 mIU/L imali su značajno više koncentracije LDL-holesterola (p<0,05). Dobijeni rezultati ukazuju da je hipotireoidizam kod pacijenata sa dijabetes melitusom tipa 2 povezan sa lošijom metaboličkom kontrolom i nepovoljnijim kardiometaboličkim profilom, dok viši TSH može doprineti dodatnom pogoršanju aterogenog lipidnog statusa.

MB-P9 HYPOTHYROIDISM AS A FACTOR CONTRIBUTING TO IMPAIRED METABOLIC CONTROL IN PATIENTS WITH TYPE 2 DIABETES MELLITUS

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Hypothyroidism may further contribute to the metabolic disturbances observed in patients with type 2 diabetes mellitus by affecting glycemic control, lipid metabolism, and inflammatory status. The aim of this study was to investigate the impact of hypothyroidism on glycemic control, lipid profile parameters, and markers of inflammation in patients with type 2 diabetes mellitus, as well as the significance of achieving target thyroid-stimulating hormone (TSH) levels. The study included 80 patients with type 2 diabetes mellitus, of whom 46 had diabetes alone, while 34 had concomitant hypothyroidism. Patients with both diabetes and hypothyroidism exhibited significantly higher glucose concentrations (9.6±3.86 vs. 7.6±2.21 mmol/L; p<0.05), HbA1c levels (9.8±2.01 vs. 8.3±1.81%; p<0.05), triglyceride concentrations, and erythrocyte sedimentation rate (p<0.05) compared with patients without hypothyroidism. No significant differences were observed in total cholesterol, LDL-cholesterol, HDL-cholesterol, C-reactive protein, fibrinogen, or leukocyte count. Correlation analysis demonstrated positive associations between glucose concentrations and total cholesterol, triglycerides, and HbA1c. Patients with hypothyroidism were further stratified according to TSH levels into a group with TSH≤2.5 mIU/L and a group with TSH>2.5 mIU/L. Although no significant differences were found between these groups in glycemic control, most lipid parameters, or inflammatory markers, patients with TSH>2.5 mIU/L had significantly higher LDL-cholesterol concentrations (p<0.05). These findings suggest that hypothyroidism in patients with type 2 diabetes mellitus is associated with poorer metabolic control and a less favorable cardiometabolic profile, while higher TSH levels may contribute to a more atherogenic lipid pattern.

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