

IMPACT OF THE FUNCTIONAL STATE OF THYROID GLAND ON THE PREVALENCE OF CARDIOVASCULAR RISK FACTORS IN PATIENTS WITH CHRONIC KIDNEY DISEASE

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Subclinical hypothyroidism is associated with growth of cardiovascular risk. Several studies showed that even minor deviations from normal level of thyroid-stimulating hormone might accelerate the development of atherosclerosis in the general population. But there are not enough reviews about functional state of the thyroid gland in nephrological patients that don't need kidney replacement therapy and its clinical significance in cardio-vascular disease.

The aim of the study was to determine the prevalence of the common cardiovascular risk factors among patients with chronic kidney diseases and subclinical hypothyroidism

We examined 115 patients with chronic kidney disease stage 1–3a (glomerular filtration rate >45 mL/min).

According to the level of thyroid-stimulating hormone patients were divided into two groups: first – patients with the level of thyroid-stimulating hormone 4.20-10.0 μIU/ml (with normal levels of serum T3 and free T4); the second one – patients with a normal level of thyroid-stimulating hormone (0.27-4.20 μIU/ml). Both groups were comparable in age, sex, disease duration, and basic therapy.

Patients of the first group had obesity in 39.5 in the second group ($p=0.009$). Diagnosis arterial hypertension had 79.3 of the second group ($p>0.01$). Patients with chronic kidney disease and subclinical hypothyroidism had higher levels of total cholesterol and triglycerides. A level of total cholesterol in the first group was 6.89 ± 0.31 mmol/L ($p<0.05$), in the second group the total cholesterol level was 5.92 ± 0.39 mmol/L ($p<0.05$). A level of triglycerides in the first group was 2.15 ± 0.19 mmol/L ($p<0.05$), in the second group triglycerides level was 1.89 ± 0.11 mmol/L ($p<0.05$).

We observed that such traditional cardiovascular risk factors as obesity, arterial hypertension and dyslipidemia occurred more frequently in patients with chronic kidney disease and subclinical hypothyroidism