A Comparative Study of Lipid Profile in Patients of Hypothyroidism and Diabetes Mellitus

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Abstract: Background: A disease due to disorder of the endocrine system is often called as endocrinopathy. Hypothyroidism is a condition characterized by abnormally low thyroid hormone production and diabetes mellitus is also common endocrine disorder which is defined as group of metabolic diseases characterized by hyperglycemia. In this study, 25 patients of clinically established hypothyroidism and 25 patients of diabetes attending the Out Patient Department, Department of Medicine, MDM Hospital (Jodhpur) were evaluated for lipid profile. Results: Serum total cholesterol of hypothyroids and diabetic patients showed a highly significant relationship (p=0.0001 and 0.0002 respectively) as compared to controls. Serum triglycerides showed a very significant relationship (p=0.003 and 0.001 resp.), serum LDL-c also showed a highly significant relationship (p<0.0001 and 0.0002 resp.) while serum VLDL-c of hypothyroid patients showed a significant relationship (p=0.024) and in diabetic patients very significant relationship (p=0.006) as compared to controls. Conclusion: Estimation of serum lipid profile is simple, reliable, economic and sensitive that can now be considered as an adjunct in the management of hypothyroidism and diabetes mellitus.

Keywords: Lipid profile, Hypothyroidism, Diabetes mellitus, serum T₃, serum T₄, serum TSH

1. Introduction

Endocrinopathies are the diseases of various endocrine glands. The Endocrinopathy is commonly used as a medical term for a hormone problem. Common endocrinopathies include Diabetes Mellitus and Thyroid disorders.

Hypothyroidism associated with increased risk of coronary artery disease, peripheral vasular disease and various biochemical abnormalities including increased total cholesterol [1], increased serum triglycerides and LDL-c level [2].

Diabetes mellitus is associated with a cluster of interrelated plasma lipid and lipoprotein abnormalities that are all recognized as predictors for coronary heart disease [3], including reduced plasma levels of HDL cholesterol particles and elevated plasma levels of triglycerides. [4]

Thus the primary object of this study is to delineate the usefulness of blood glucose, serum lipid profile, serum T₃, T₄ and TSH in patients with hypothyroidism and diabetes mellitus.

2. Material & Methods

The present study was conducted on 25 healthy subjects, 25 hypothyroidism patients and 25 diabetes mellitus patients of varying age group and of either sex attending the Out Patient Department, Department of Medicine, MDM Hospital, Jodhpur (Rajasthan). Following investigations were performed in all the subjects included in this study in clinical laboratory, Department of Biochemistry, Dr. S. N. Medical College, Jodhpur:

- Blood Glucose by GOD-POD methods.
- Serum Total Cholesterol by COD-PAP methods.
- Serum Triglycerides by GPO-PAP methods.
- Serum HDL-c by Phosphotungstic acid methods.
- Serum VLDL-c and LDL-c calculated from the Friedwald¹'s formulae.
- Serum T₃, T₄ and serum TSH by ELFA methods.

3. Results

Among the 25 healthy control subjects (12 males and 13 females), hypothyroid subjects (10 males and 15 females) and diabetic subjects included (14 males and 11 females) were studied for lipid profile, thyroid function tests and blood sugar.

The mean serum total cholesterol level was 168.12 ± 24.10 mg/dL in controls, 210.92 ± 31.97 mg/dL in hypothyroids and 200.6 ± 31.63 mg/dL in diabetic subjects. This difference was highly significant in hypothyroid subjects (t=5.35; P<0.0001) as well as in diabetic subjects (t=4.08; P=0.0002). (Table: 1, 2, 3).

The mean serum triglycerides level was 113.80 ± 37.56 mg/dL in controls, 148.0 ± 40.21 mg/dL in hypothyroids and 151.60 ± 43.77 mg/dL in diabetic subjects. This difference was highly significant in hypothyroid subjects (t=5.35; P<0.0001) as well as in diabetic subjects (t=4.08; P=0.0002). (Table: 1, 2, 3).

The mean serum HDL-c level was 36.56 ± 2.45 mg/dL in controls, 33.44 ± 2.10 mg/dL in hypothyroids and 35.56 ± 2.06 mg/dL in diabetic subjects. This difference was highly significant in hypothyroid subjects (t=4.83; P<0.0001) and non significant in diabetic subjects (t=1.56; P=0.1252). (Table: 1, 2, 3)
In this study, a highly-significant relation was observed in serum triglycerides of hypothyroid subjects Amin-ul-Haq and Barman S (2006); Lipid and lipoprotein pattern in thyroid dysfunction and the effect of therapy. Clin Biochem; 44(11):2301-2306.

The mean serum VLDL-c level was 107.96 ± 23.69 mg/dL in controls, 144.36 ± 25.10 mg/dL in hypothyroids and 30.32 ± 9.76 mg/dL in diabetic subjects. This difference was highly significant in hypothyroid subjects (t=5.18; P<0.0001) as well as in diabetic subjects (t=3.99; P=0.0002). (Table: 1, 2, 3)

<table>
<thead>
<tr>
<th>S. No.</th>
<th>parameters</th>
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<th>p-value</th>
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<td>1.</td>
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<td>P&lt;0.0001 [HS]</td>
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<td>Triglycerides</td>
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<td>0.0031 [VS]</td>
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<td>3.</td>
<td>HDL-c</td>
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<td>P&lt;0.0001 [HS]</td>
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<td>VLDL-c</td>
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<td>0.0245 [S]</td>
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<tr>
<td>5.</td>
<td>LDL-c</td>
<td>5.18</td>
<td>P&lt;0.0001 [HS]</td>
</tr>
</tbody>
</table>

S = Significant
VS = Very Significant
HS = Highly Significant

NS = Non-Significant

4. **Discussion & Conclusion**

In this study, a highly-significant relation was observed in serum total cholesterol level in hypothyroid subjects as well as in diabetic subjects when compared with healthy subjects. The results of this study were concordant with Reza AA et al (1999), [5] and Joe AF et al (1999), [6].


Nakhjavani M et al (2005), [10] observed highly significant relation in serum LDL-c level of hypothyroids and diabetic subjects when compared with healthy subject.

Park JR et al (2005), [11] examine lipid profile in hypothyroidism and diabetes mellitus and also observed that hypothyroidism is associated with an increase in plasma triglycerides & LDL-c while HDL-c remains unchanged and diabetes mellitus is associated with an increase in plasma VLDL-c.

Estimation of serum lipid profile is simple, reliable, economic and sensitive that can now be considered as an adjunct in the management of hypothyroidism and diabetes mellitus.

**References**

[1] Bhaskaran S (2004); Subclinical hypothyroidism, indications for thyroid hormone therapy. J of Thyroid Research; 1: 10-1.


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