



*The Medical **Bulletin***

In Endocrinology

"Diabetes Mellitus (DM) and thyroid diseases are the top two endocrine diseases in the adult population and they mutually influence each other. Clinically, underlying thyroid disorder in DM may be missed due to overlapping symptomatology of both the diseases and mimicking of certain complications. Both clinical and subclinical thyroid disorders are common in DM and hence the element of suspicion and guided screening is required. Thyroid disorder in diabetic population has a prevalence of 13.4 % with higher prevalence in Type I DM.

There are many evidence to support the interlinked genetic factor, biochemical dysfunction and hormonal dysfunction thus reflecting pathophysiological association between the two most commonly encountered endocrinopathies.

Type 2 DM patients with subclinical hypothyroidism (SCH) have an increased risk of nephropathy and treatment of hypothyroidism improves the renal function. Also in diabetic patients with SCH retinopathy is more severe compared to euthyroid patients with DM. Hypothyroidism increases the risk for cardiovascular diseases (CVD) through its association with atherosclerotic heart disease and DM is also a risk factor for CVD. Due to the clinical implication of both DM and thyroid disorders, proper management of one leads to reduced cardiovascular risk associated with other.

Strong suspicion of thyroid dysfunction in DM can lead to early diagnosis and management, thus preventing the complications associated with both. The guidelines available vary in their recommendations regarding annual screening for thyroid disease in DM but all advocate monitoring though the frequency is variable and there is discrepancy between the choices of Thyroid Function tests. Palpation of the thyroid and TSH estimation annually in T1DM and 5 yearly in T2DM can be practised."

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