COMORBIDITIES ASSOCIATED WITH THYROID PATHOLOGY AND ALZHEIMER DISEASE

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Introduction: Thyroid pathology (especially hypothyroidism) seems to be implicated in the development of mild cognitive impairment (MCI). Thyroid dysfunction is known to induce deterioration of cognitive function. Comorbidities like hypertension, cardiac ischemic disease, type II diabetes, and depression interfere with thyroid diseases favouring MCI and dementia.

Aims: Our study characterizes comorbidities associated with thyroid pathology and Alzheimer disease (AD)

Methods: We designed a longitudinal, prospective research using patients from our Memory Clinic. Out of 327 patients with dementia (AD: 77.7%, n=254; mixed dementia: 16.8%, n=55; vascular dementia: 5.5%, n=18), 49 patients had thyroid disease (n=31 coexisting dementia and thyroid disease, n=18 patients without dementia). Thyroid disease patients were aged 50-85 years (93.5% women, 6.5% men).

Results: Dementia, thyroid pathology and other diseases were present to 31 patients. The variation interval for the number of comorbidities associated to thyroid diseases and AD ranged from 1 to 7, with a mean of 3 comorbidities. Most patients (53.4%, n=16) had 3 comorbidities, besides AD and thyroid disease. The main comorbidities were ischemic heart disease (63.3%, n=19), hypertension (60%, n=18), depression and anxiety (60%, n=18), diabetes (20%, n=6) and obesity (10%, n=3).

Hypothyroidism was the prevalent pathology in patients with Alzheimer disease (80%, n=16) and also in patients with mixed dementia (20%, n=4).

Conclusions: In our study the leading comorbidities of AD and thyroid dysfunction were ischemic heart disease, hypertension, depressive disorder, diabetes and obesity. Depression seemed to be an independent risk factor for MCI and later for conversion to AD.