



How to interpret subclinical thyroid dysfunction on the prevention and management of heart failure events? Individual participant data analysis from six prospective cohorts

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Introduction

- Guidelines on the diagnosis and management of heart failure (HF) recommend measurement of thyroid function, but do not specify the impact of different Thyroid Stimulating Hormone (TSH) levels
- Few prospective data are available regarding the association of subclinical thyroid dysfunction and the risk of HF events
- To clarify the association between subclinical thyroid dysfunction and HF events, we performed a pooled analysis of individual participant data using all available prospective cohorts

Methods

Systematic review of articles in MEDLINE and EMBASE until June 2011

- Criteria: prospective cohort studies with baseline thyroid measurement and follow-up of HF events
- Pooled individual participant data from <u>6 cohorts from United States and Europe</u> (Table) Definitions:

• Euthyroid TSH 0.45-4.49 mIU/L

• Subclinical hypothyroidism TSH 4.5-19.9 mIU/L + normal free thyroxine (FT4)

• Subclinical hyperthyroidism TSH < 0.45 mIU/L

J/L + normal FT4 and T3 levels

(if available)

HF events
 Any diagnosis from a physician, hospitalization and deaths
 related to HF based on all available documents within each

cohort

Results

- In age/sex-adjusted analyses, risk of HF events increased with higher and lower THS levels, particularly among those with $\underline{\text{TSH}} \geq 10.0 \; \text{mIU/L}$ and those with $\underline{\text{TSH}} < 0.10 \; \text{mIU/L}$ (Figure)
- Multivariate adjustment for other cardiovascular risk factors yielded similar results
- Sensitivity analyses yielded similar results after excluding participants with preexisting HF, or preexisting atrial fibrillation, or thyroid medication users at baseline and follow-up, or missing FT4 values

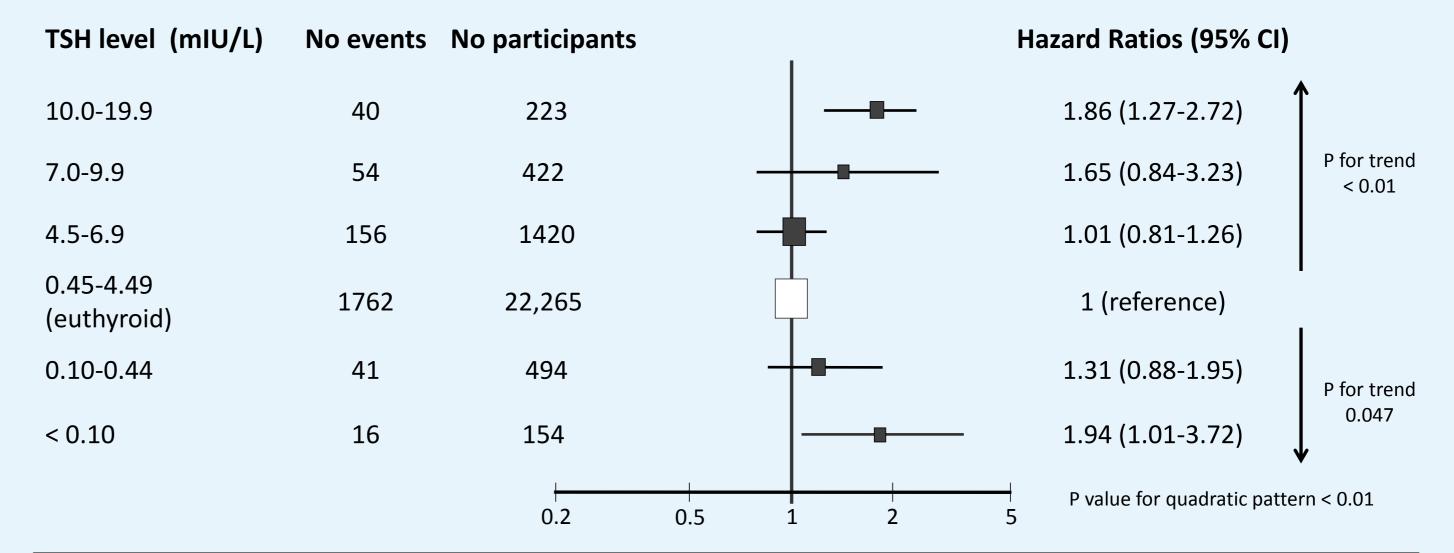
Conclusion/Implications

- Our findings may contribute to a better interpretation of TSH in the management of HF
- Use of thyroxine replacement will be investigated with an appropriately powered randomized controlled trial (TRUST Trial, see right) with clinical HF and other cardiovascular outcomes

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Co	pordinating center	No events	No participants	Median age	Women	Sub Hypo	Sub Hyper	Person-years
Ca	ardiovascular Health study	831	3064	71	60%	16.2%	1.4%	34,531
Не	ealth, Aging and Body Composition study	366	2762	74	51%	12.1%	3.0%	17,869
EP EP	PIC-Norfolk study	474	13,066	58	54%	5.5%	2.8%	143,694
Le	eiden 85-plus study	92	514	85	65%	6.8%	4.5%	1861
Ba	ari study	77	335	66	23%	11.6%	2.1%	370
PR	ROSPER	229	5649	75	51%	7.9%	2.3%	17,923
0\	verall	2069	25,390	70	53.8%	8.1%	2.6%	216,248

Hazard Ratios for Heart Failure (HF) Events according to Thyroid-Stimulating Hormone (TSH) levels



TRUST Trial (Thyroid hormone Replacement for Untreated older adults with Subclinical hypothyroidism: a randomized placebo-controlled Trial)

Design of TRUST trial

Participants: 3000 older adults (>65y) with persistent subclinical hypothyroidism

Intervention: levothyroxine replacement

Control: placebo
Outcomes:

- Cardiovascular outcomes: cardiovascular mortality, coronary heart disease, heart failure
- Disease specific outcomes: cognitive function, quality of life, muscle function

Design: randomized placebo-controlled trial

