Thyroid disorders in Colombia

ABOUT THYROID DISORDERS

Thyroid hormones are produced by the thyroid gland in the neck, and are essential for normal bodily function.[1] Thyroid disorders occur when there is an imbalance in the production of these hormones. There are two categories:

Hypothyroidism: a deficiency of thyroid hormones due to the thyroid gland producing too little thyroid hormone. Symptoms may include weight gain, fatigue, depression, memory problems, muscle weakness and impaired development in children.[1] Approximately 4–10% of the global population have hypothyroidism.[2]

Hyperthyroidism: an excess of thyroid hormone due to an overactive thyroid gland. Symptoms may include sudden weight loss, fatigue, mood swings, rapid heartbeat, increased appetite, muscle weakness, intolerance of heat and enlarged thyroid gland.[1]

Awareness of these disorders is low, and symptoms are difficult to detect as they can be easily confused with symptoms of other conditions or natural signs of aging.[3] This can cause significant delays to an accurate diagnosis, sometimes up to two years.[4]

Thyroid disorders are a public health issue impacting maternal and child health, non-communicable disease reduction and healthy aging. As a result, thyroid disorders are strongly connected to many of the health Sustainable Development Goals.[5]

As people age and live with an increasing number of comorbidities, early detection and optimal treatment of thyroid disorders will become essential. Treatment aims to return the thyroid hormone levels to a normal range, and for hypothyroidism it has also been shown to improve quality of life.[6]

WHY WE NEED TO ACT NOW

Thyroid disorders are particularly harmful in certain groups

- Older people with thyroid disorders are at increased risk of morbidity and mortality.[7]
- People with cardiovascular disease (CVD) and thyroid disorders are at increased risk of morbidity or mortality.[8]
- Pregnant women with hypothyroidism are more likely to suffer from obstetric and fetal complications such as impaired fetal cognitive development, preterm birth and pregnancy loss.[9]

Current screening and identification of thyroid disorders are suboptimal

Late identification of thyroid disorders risks progression to more severe symptoms,[4] which may lead to decreased quality of life.[10] Despite this:

- The risk-based approach currently used may miss 30–55% of pregnant women with hypothyroidism.[11]
- Almost 20% of Latin American physicians do not perform any screening for hypothyroidism in pregnancy, and 10% do not have an overarching strategy for screening.[12]

Adequate management of thyroid disorders is part of sustainable and integrated care systems

The detection and management of thyroid disorders will take on additional importance in the context of a growing burden of CVD and non-communicable diseases and an aging population.[13] These issues will contribute to higher spending on healthcare,[14] for which many countries are ill prepared.

Data on thyroid disorders in Latin America are lacking

Information on the health and economic burden of thyroid disease in Latin America is very limited and there is an overreliance on international data. This means that we are likely to underestimate the burden of thyroid disorders.

WHAT IS HAPPENING IN COLOMBIA?

Key facts about thyroid disorders in Colombia

Epidemiology	Hypothyroidism	Approximately 5 million people in Colombia live with hypothyroidism (overt and subclinical)[15] 5.9% of the population are estimated to have subclinical hypothyroidism.[16] This rises to 15.6% in women aged 16–35[17]
	Hyperthyroidism	0.7% of the population are estimated to have overt hyperthyroidism[16] 1.3% of the population are estimated to have subclinical hyperthyroidism[16]
Policy	Clinical guidelines	International guidelines are used, as national guidelines are not yet available
	National patient or advocacy group	No national groups exist for thyroid disorders; however, thyroid cancer groups exist

Access to high-quality healthcare and specialists can be variable

Healthcare is accessible to 94.6% of Colombians under government programmes and private insurance.[18] However, access to high-quality healthcare services is impacted by geography and financial barriers.[19 20]

Due to the limited number of endocrinologists in Colombia, access to these specialists can be challenging.[20] Therefore, general practitioners (GPs) often play a significant role in managing cases of hypo- and hyperthyroidism. However, to do this, GPs should be better supported to manage the condition through education and clinical guidelines.[20]

Lack of therapeutic guidelines negatively impacts care

The absence of nationally specific guidelines for the treatment thyroid disorders is likely to have impacted patient health.[21] It is unclear to what extent clinicians are aware of international guidelines,[20] and the quality of care and frequency of monitoring of thyroid disorders is highly variable between different healthcare professionals.

POLICY RECOMMENDATIONS

Thyroid disorders require a comprehensive integrated policy response. We recommend that decision-makers across Latin America take the following actions:

1 Improve the implementation of screening for thyroid disorders:

- Implement aggressive risk-based case finding, with a focus on adults over 60 years old, those with existing CVD and pregnant women.
- Enable primary care physicians to carry out risk-based case finding with clinical protocols and continuing medical education.

2 Ensure regular thyroid hormone checks for pregnant women and those planning to become pregnant:

- Strengthen monitoring of thyroid disorders among women.
- Include thyroid hormone tests as part of routine tests for pregnant women.
- Establish country-specific diagnostic reference values for pregnant women.

3 Raise awareness of the links between thyroid disorders and CVD:

- Raise awareness of thyroid disorders among people with CVD, cardiologists and GPs.
- Support cardiologists to test for suboptimal thyroid function.

4 Regularly monitor population-wide iodine and sodium intake levels:

- Monitor the population-level iodine and sodium intake and optimize salt iodization levels accordingly.

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