

Thyroid disorders in Mexico

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:

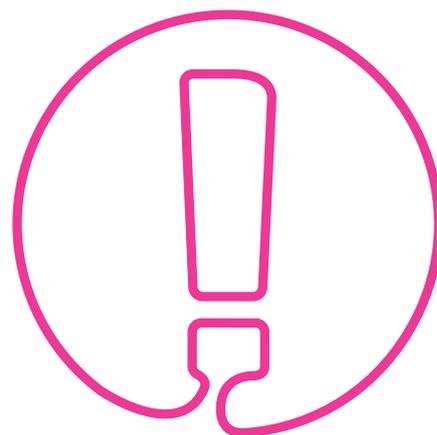
- The risk-based approach currently used may miss 30–55% of pregnant women with hypothyroidism.¹¹
- Almost 20% of Latin American physicians do not perform any screening for hypothyroidism in pregnancy, and 10% do not have an overarching strategy for screening.¹²

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 MEXICO?

Key facts about thyroid disorders in Mexico

Epidemiology	Hypothyroidism	1.2% of adults have overt and 5.6% have subclinical hypothyroidism. ¹⁵ This increases in certain groups, for example: <ul style="list-style-type: none">• 7.2% of people over 60 years old have overt and 15.4% have subclinical hypothyroidism¹⁶• 12.8% of pregnant women have overt and 21.1% have subclinical hypothyroidism¹⁷
	Hyperthyroidism	In people over 60 years old, 0.6% have overt and 0.5% have subclinical hyperthyroidism ¹⁶
Policy	Clinical guidelines	National guidelines exist for overt and subclinical hypothyroidism ¹⁸
	National patient or advocacy group	No national groups exist for thyroid disorders

Access to healthcare is variable as financial inequalities are common

Recent political efforts have resulted in improvements in life expectancy and healthcare coverage in Mexico.¹⁹ However, a significant proportion of the population remains vulnerable to high out-of-pocket costs and poorer-quality care,¹⁹ and many people are highly concerned by daily expenses,¹⁴ including healthcare. These issues can be compounded for people living in rural and poorer areas.¹⁹⁻²¹

Delays to diagnosis can be significant

Delays to diagnosis in Mexico can be significant.^{4,20} One major contributor to delays is poor awareness of the condition by general practitioners (GPs).²⁰⁻²² For example, before their diagnosis, people may undergo a number of non-thyroid tests and be referred to many non-endocrinologists by their GP.⁴ Delays are also caused by:

- limited numbers of endocrinologists and significant waiting times^{20,21} – in the private sector, referrals can take up to two months,⁴ and in the public sector potentially much longer^{20,21}
- limited coverage of laboratories – clinics in remote areas must send tests to laboratories in larger cities, delaying results²² and increasing costs.²⁰

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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