Elevated TSH (in upper limit of normal) and insulin resistance

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Objectives:
Level of TSH respond to fluctuations in serum free (FT₄) but remain in a very narrow individual range. Thyroid function tests are intrinsically linked to variables of insulin resistance and endothelial function. It is possible that underlying factors lead simultaneously to increased serum TSH, insulin resistance, even within current normal TSH levels.

Methods:
We aimed to investigate the patients with upper limit of TSH and insulin resistance in patients of our out-patients clinics of endocrinology where they were addressed for obesity. Serum insulin, C-peptide and TSH Levels were measured by chemiluminescence method on Advia Centaur XP and HbA₁c measured by immune - inhibition on Advia 2400 chemistry system (Siemens Healthcare Diagnostics Inc).

Results:
Some characteristics of study group (means ±SD) (totaly 152 patients): Age (years): 49.7±14.8, Systolic blood pressure (mm Hg): 128.8 ± 19.2, Diastolic blood pressure (mm Hg): 78.3±9.6, Fasting blood glucose (mg/dl): 110.3±48, HbA₁c (%): 5.74±1.35, insulin (μU/ml): 12.2±11.4, C-peptide (ng/ml): 3.04±1.71, TSH (μU/ml): 2.56±2.7, FT4 (ng/ml): 1.28±0.47, Weight (kg): 84.5±18.7, BMI (kg/m²): 32.2±7.5, waist circumference (cm): 98.9±16.3, WHR (waist/hip ratio): 0.87±0.07. When we divided into two group according to TSH levels (<4 or >4 μU/ml), we found hyperinsulinemia (p<0.004), elevated C-peptide levels (p<0.01), and WHR (p<0.04) in the second group.

Conclusions:
This findings could justify the increased risk for insulin resistance associated disorders, such as cardiovascular disease, observed in patients even with upper limits of TSH levels.

References: