

Vitamin D Status and Relation with Thyroid Antibodies in Patients with Autoimmune Thyroid Disease

*Khan H H¹, Amin FM², Afsana F³, Hossain N⁴, Binte-Rouf SR⁵

¹Hafsa Hassan Khan, Resident, MD Endocrinology, Department of Endocrinology, BIRDEM, Shahbag, Dhaka, Bangladesh; ²Md Feroz Amin, Professor, Department of Endocrinology, BIRDEM, Shahbag, Dhaka, Bangladesh; ³Faria Afsana, Associate professor, Department of Endocrinology, BIRDEM, Shahbag, Dhaka, Bangladesh; ⁴Nazmul Hossain, Assistant professor, Department of Endocrinology, BIRDEM, Shahbag, Dhaka, Bangladesh; ⁵Rushda Sharmin Binte Rouf, Assistant professor, Department of Endocrinology, BIRDEM, Shahbag, Dhaka, Bangladesh

Abstract

Background: The most common cause of thyroid dysfunction is autoimmune thyroid disease (AITD), which includes Hashimoto's thyroiditis (HT) and Graves' disease (GD). Vitamin D insufficiency has been linked to autoimmune disorders but the data are inconclusive.

Objective: This study aimed to evaluate vitamin D status and its relation with thyroid autoantibodies (Anti-TPO-Ab, Anti-Tg-Ab, TRAb) in Bangladeshi patients with AITD.

Material and methods: This case-control study was conducted in the department of Endocrinology in BIRDEM General Hospital from March 2022 to February 2024. Eighty newly diagnosed untreated AITD patients (40 HT, 40 GD), aged >18 years were enrolled. Eighty subjects with normal thyroid function were recruited as control. Serum 25(OH)D was checked by CMIA and Anti-TPO-Ab, Anti-Tg-Ab, TRAb were noted. Status of vitamin D was defined on serum 25(OH)D levels: sufficiency if ≥ 30 ng/ml, insufficiency if 21-29 ng/ml and deficiency if ≤ 20 ng/ml.

Results: It was observed that 67.5% of AITD cases (70.0% with HT, 65.0% with GD) had vitamin D deficiency in comparison to the 51.2% controls (p 0.039). The mean 25(OH)D was significantly lower in patients with HT (13.22 ± 8.89 ng/ml) and GD (14.46 ± 9.73 ng/ml) than in controls (19.14 ± 7.59 ng/ml) (p 0.001). Correlation analysis revealed that vitamin D was inversely related to Anti-TPO-Ab ($r = -0.501$, p 0.001 in HT and $r = -0.431$, p 0.006 in GD), Anti-Tg-Ab ($r = -0.296$, p 0.064 in HT; $r = -0.299$, p = 0.061 in GD) and TR-Ab ($r = -0.447$, p 0.004) indicating that as vitamin D levels decrease, antibody titres tend to increase.

Conclusion: Our findings indicate that patients with AITD have lower vitamin D levels. Since we found an inverse correlation between vitamin D and thyroid antibody levels, we may speculate that vitamin D deficiency can be one of the potential factors in pathogenesis of AITD. [*J Assoc Clin Endocrinol Diabetol Bangladesh*, 2025;4(Suppl 1): S44]

Keywords: AITD, Hashimoto's thyroiditis, Graves' disease, Vitamin D, Antibody

***Presenting & Corresponding Author:** Dr. Hafsa Hassan Khan, Department of Endocrinology, Bangladesh Institute of Research and Rehabilitation in Diabetes, Endocrine and Metabolic Disorders (BIRDEM), Shahbag, Dhaka, Bangladesh.