Iodine Deficiency Disorders : Myth or Reality

Pages with reference to book, From 240 To 241

Dear Madam, Iodine a mineral element is an important requirement of body for producing thyroid hormone responsible for many important functions of the body[1]. Iodine deficiency can occur due to evaporation from sea or deforestation and degradation of environment - all ultimately leading to depletion of iodine in edible materials[2]. Iodine deficiency diseases (IDD) are a group of diseases which can vary from abortion or stillbirth in foetal life, to mild deficiency leading to goitre formation or impaired mental development since birth called cretinism[3]. Globally, about 30% of the population has been found to be at risk of IDD and 12% of total population has been noted to have goitre[4]. In Pakistan, 6.5 million people are seriously affected by IDD5, therefore, a framework has been suggested for considering target groups and criteria for only 1.4% samples (71 out of 5000) to have high TSH levels and out of those, only 5 were confirmed lobe hypothyroid. We would like to have suggestions from the readers and raise following questions. Is a multi—centered hospital based (in contrast to community based) study epidemiologically sound? What arc the bases and criteria for using the suggested cut—off point for labelling IDD iii population? Have we any other country -wide (except for Northern areas) studies which can support the finding of the study on which a major policy decision has been made ? Considering the table, targeting the newborn does not appear to be scoring high for IDD surveillance so can't we adopt some other target groups such as pre-school and school children using much easier and practical measurements like goitre appearance and swelling and measuring urinary iodine. In the end, we would like to draw the attention of readers that we would like to hear the relevant scientific argument and not side-tracking the actual issue and debating on rationales of iodizationof salts which is not our point of discussion!

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