

Does High-Normal Thyroid Function Increase Risk for Atrial Fibrillation?

ANALYSIS AND COMMENTARY ● ● ● ● ●

A major strength of this study is its very large sample size. Important limitations include the potential for misclassification of outcomes given the limitations of ICD-10 codes and the fact that only in-hospital atrial fibrillation diagnoses were ascertained. Findings in this largely white and sociodemographically homogeneous population may not be generalizable to other settings. Information was not available regarding potentially important covariates such as

body-mass index, smoking status, thyroid antibody status, serum lipid levels, and echocardiographic parameters. Future observational studies with more information about covariates could better characterize risk factors for atrial fibrillation among individuals with low serum TSH, although it is unlikely that larger samples will be studied in the future. Overall, further research is needed to determine the effects of treatment of subclinical hyperthyroidism on the risk for atrial fibrillation.

References

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