



Stress and Thyroid Diseases

Fukao A*

The Head, Ibaraki City Public Health Medical Center, Japan

Editorial

To this day, many research efforts are still directed at exploring the possible role of life events on the onset of GD [1]. Early studies were uncontrolled and more recent authors have used unstandardized research instruments or inadequate epidemiological methods. In 1991, Winsa et al. [2] has reported a strict controlled study. Compared with 372 selected matched controls, 208 newly diagnosed GD patients claimed to have had more negative life events in the 12 months preceding the diagnosis, and negative life-event scores were also significantly higher. After this report, many control studies were reported. However, the role of stress on the onset of GD is still controversial as there are some contradictory reports.

On the other hand, there are case reports in which emotional stress induced an exacerbation and relapse of hyperthyroidism. But, few systematic studies have been undertaken regarding the effect of stress on the prognosis of the disease. So we investigated the role of psychosocial factors including personality traits as well as stresses on the clinical course of GD by questionnaires [3]. Firstly, we found that in antithyroid drug (ATD) treated GD patients, depressive personality during treatment when patients were euthyroid reflects the effect of emotional stresses rather than thyrotoxicosis and that it related with aggravation of hyperthyroidism [4,5]. Secondly, we also found that ability of rational consideration and expressing feeling of ATD treated GD patients related with remission [6]. These findings suggest that psychosomatic therapeutic approach including antipsychiatric drugs and/or psychotherapy appears to be useful for improving the prognosis of hyperthyroidism.

There are very few reports on the relationship between stress and other thyroid diseases including Hashimoto's thyroiditis, Plummer' disease and benign thyroid nodule. Stress may influence immune system both directly and indirectly through the activation of the neural and endocrine systems. Further researches are needed to confirm the relationship between stress and thyroid diseases.

References

1. Mizokami T, Wu Li A, El-Kaissi S, Wall JR. Stress and thyroid autoimmunity. *Thyroid*. 2004; 14: 1047-1055.
2. Winsa B, Adami HO, Bergström R, Gamstedt A, Dahlberg PA, Adamson U, et al. Stressful life events and Graves' disease. *Lancet*. 1991; 338: 1475-1479.
3. Fukao A, Takamatsu J, Miyauchi A. *Stress and Thyroid Disease*. Endocrine Diseases. 1st ed. Hong Kong: iConcept Press. 2014.
4. Fukao A, Takamatsu J, Murakami Y, Sakane S, Miyauchi A, Kuma K, et al. The relationship of psychological factors to the prognosis of hyperthyroidism in antithyroid drug-treated patients with Graves' disease. *Clin Endocrinol (Oxf)*. 2003; 58: 550-555.
5. Fukao A, Takamatsu J, Kubota S, Miyauchi A, Hanafusa T. The thyroid function of Graves' disease patients is aggravated by depressive personality during antithyroid drug treatment. *Biopsychosoc Med*. 2011; 5: 9.
6. Fukao A, Takamatsu J. The role of psychological factors on the onset and clinical course of hyperthyroid Graves' disease. *Recent Res Devel Endocrinol*. 2002; 3: 369-376.

OPEN ACCESS

*Correspondence:

Fukao A, Head, Ibaraki City Public Health Medical Center, 3-13-5 Kasuga, Ibaraki-shi, Osaka, 567-0031, Japan, Tel: 81-72-625-6685; Fax: 81-72-625-6979;

E-mail: a.fukao@ibaho-c.jp

Received Date: 09 May 2016

Accepted Date: 16 May 2016

Published Date: 21 May 2016

Citation:

Fukao A. *Stress and Thyroid Diseases*. *Ann Clin Case Rep*. 2016; 1: 1008.

Copyright © 2016 Fukao A. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.