Relative Risks of Comorbid Autoimmune Diseases in Autoimmune Thyrotitis Patients

<table>
<thead>
<tr>
<th>Disease</th>
<th>Odds Ratio</th>
<th>95% CI</th>
<th>p-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multiple sclerosis</td>
<td>3.3</td>
<td>1.0 - 10.9</td>
<td>1.00</td>
</tr>
<tr>
<td>Celiac disease</td>
<td>3.3</td>
<td>1.0 - 10.9</td>
<td>1.00</td>
</tr>
<tr>
<td>Vitiligo</td>
<td>1.4</td>
<td>1.4 - 2.6</td>
<td>0.81</td>
</tr>
<tr>
<td>Musculoskeletal discomfort</td>
<td>1.4</td>
<td>1.4 - 2.6</td>
<td>0.81</td>
</tr>
</tbody>
</table>

Benzodiazepines, opioids, tricyclic antidepressants) may be additive. Therefore, caution should be taken when using these drugs together.

Animal studies indicate that carisoprodol crosses the placenta and results in adverse effects on fetal development. Therefore, caution should be taken when using these drugs during pregnancy, especially in the third trimester.

If experience any adverse reactions to SOMA. Most cases of adverse events, withdrawn, and withdrawn resulted in negative findings. Carisoprodol was not mutagenic in the Ames reverse mutation assay or in the CHO cell assay with or without the presence of metabolizing enzymes. Other types of genotoxic tests resulted in negative findings.

OVERDOSAGE: The efficacy, safety, and pharmacokinetics of SOMA in patients with hepatic impairment have not been evaluated. Since SOMA is metabolized in the liver, caution should be exercised if SOMA is administered to patients with liver disease.

The following types of treatment have been used successfully with an overdose of meprobamate, a CNS depressant: 1) supportive measures such as respiratory and cardiovascular monitoring, and 2) symptomatic treatments for specific adverse reactions, such as benzodiazepines for seizures and carisoprodol for back pain. The prevalence of many coexisting autoimmune diseases was similar in patients with Graves’ disease and those with Hashimoto’s thyroiditis. But there were a few sex differences in rates of coexisting autoimmune diseases. For example, rheumatoid arthritis was more than threefold more common among men with Hashimoto’s thyroiditis, whereas the prevalence didn’t vary significantly by sex in patients with Graves’ disease.

The observations in these disease prevalence may reflect differences in the distribution of susceptible genes and/or environmental triggers for the coexisting autoimmune diseases. Investigating this possibility will be a priority in the ongoing study, which includes DNA samples from all patients and parents. The parents, too, proved to have significantly elevated rates of having autoimmune diseases, compared with current prevalence figures for the general U.K. population, according to Dr. Boelet abor children. The prevalence of multiple coexisting autoimmune diseases was similar in patients with Graves’ disease and those with Hashimoto’s thyroiditis. But there were a few sex differences in rates of coexisting autoimmune diseases. For example, rheumatoid arthritis was more than threefold more common among men with Hashimoto’s thyroiditis, whereas the prevalence didn’t vary significantly by sex in patients with Graves’ disease.

Graves’ and Hashimomo’s Linked to Comorbidities

BY BRUCE JANCIN

Chicago — Nearly 10% of patients with Graves’ disease and more than 25% of those with Hashimoto’s thyroiditis had coexisting autoimmune disease, in an unusually large British study.

These prevalence rates are so high that it makes sense to screen for additional autoimmune diseases in all patients who have autoimmune thyroid disease and who present with new symptoms, Dr. Kristien Boelet said at the annual meeting of the American Thyroid Association.

She reported on a prospective national U.K. study involving 3,286 white subjects with autoimmune thyroid disease — 2,791 with Graves’ disease and 495 with Hashimoto’s thyroiditis — and their parents.

The parents, too, proved to have significantly elevated rates of having autoimmune diseases, compared with current prevalence figures for the general U.K. population, according to Dr. Boelet.

The parents also had increased rates of most autoimmune diseases included in the study. Parents of patients with Graves’ disease had an increased prevalence of hyperthyroidism, while those with Hashimoto’s thyroiditis had a cluster of other autoimmune diseases.

A history of thyroid dysfunction was given by the mothers of 17.5% of individuals with Graves’ disease and by 23.6% of those whose child had Hashimoto’s thyroiditis.

Likewise, the fathers of 3.1% of the patients with Graves’ disease had a history of thyroid dysfunction, as did 5.7% of fathers of individuals with Hashimoto’s thyroiditis.

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