Amiodarone-induced thyrotoxicosis: clinical course and predictors of outcome

ID 3975350
Author(s) Conen, D.; Melly, L.; Kaufmann, C.; Bilz, S.; Ammann, P.; Schaer, B.; Sticherling, C.; Muller, B.; Osswald, S.
Author(s) at UniBasel Müller, Beat ;
Year 2007
Title Amiodarone-induced thyrotoxicosis: clinical course and predictors of outcome
Journal Journal of the American College of Cardiology
Volume 49
Number 24
Pages / **Article-Number** 2350-5
Keywords Aged; Amiodarone/*adverse effects; Anti-Arrhythmia Agents/*adverse effects; Diagnosis, Differential; Female; Glucocorticoids/pharmacology; Humans; Hyperthyroidism/drug therapy; Male; Middle Aged; Multivariate Analysis; Prednisone/pharmacology; Prognosis; Retrospective Studies; Thyroid Hormones/blood; Thyrotoxicosis/*chemically induced/diagnosis/drug therapy
OBJECTIVES: This study sought to determine the clinical course and predictors of long-term outcome in patients with documented amiodarone-induced thyrotoxicosis (AIT). BACKGROUND: Amiodarone-induced thyrotoxicosis is a condition that is difficult to manage, in particular because of the long half-life of amiodarone. Data on optimal treatment for AIT are scarce. METHODS: We performed a retrospective review among patients with documented AIT at a tertiary care center. Baseline characteristics, treatment received, laboratory parameters, and events during follow-up were evaluated. The predefined composite end point consisted of the following AIT-associated complications: death, heart transplantation, hospitalization for heart failure, myocardial infarction, stroke, hospitalization for arrhythmia management, or hospitalization for treatment complications. RESULTS: Eighty-four patients were included in the present analysis; 27 patients received prednisone for AIT. There was no difference in time to normalization of free thyroxine between those receiving and those not receiving prednisone. Long-term follow-up showed high morbidity and mortality; 47 patients (56%) reached the primary end point. Patients receiving prednisone had a worse outcome than those not receiving prednisone ($p = 0.003$). Although patients received prednisone for 84 +/- 65 days, curves started to separate only 12 months after the initial diagnosis. CONCLUSIONS: Patients with AIT have a high event rate during follow-up. Prednisone had no effect on time to normalization of thyroxine levels and was associated with an increased event rate. Importantly, AIT-related problems must be expected late, at a time when thyroid function is under control.
Publisher American College of Cardiology
ISSN/ISBN 0735-1097 ; 1558-3597
edoc-URL http://edoc.unibas.ch/56759/
Full Text on edoc No;
Digital Object Identifier DOI 10.1016/j.jacc.2007.02.054
PubMed ID http://www.ncbi.nlm.nih.gov/pubmed/17572251
ISI-Number WOS:000247443200008
Document type (ISI) Journal Article