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Je li „krivac“ litij? – prikaz bolesnice s komorbiditetom BAP-a i Hashimotova tireoiditisa

/ Is Lithium the “Culprit”? – A Case Report of a Patient With Comorbid Bipolar Affective Disorder and Hashimoto Thyroiditis

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Dokazano je da oboljeli od bipolarnog afektivnog poremećaja (BAP) češće pate od upalnih i autoimunosnih (AI) bolesti, a jedno od najčešćih AI stanja u toj populaciji bolesnika jest Hashimotov tireoiditis. Stanje je to kod kojega imunosni sustav „napada“ tkivo štitnjače, postupno dovodeći do njezina oštećenja i disfunkcije (najčešće smanjene funkcije), nerijetko uz

It has been demonstrated that patients with bipolar affective disorder (BAD) more often suffer from inflammatory and autoimmune (AI) diseases, and one of the most common AI conditions in this patient population is Hashimoto’s thyroiditis. This is a condition in which the immune system “attacks” thyroid tissue, gradually leading to its damage and dysfunction (most often reduced

posljedičan nepovoljan utjecaj i na psihičko zdravlje. U bolesnika s BAP-om, Hashimotov tireoiditis može destabilizirati psihičko stanje, a također i otežati liječenje BAP-a, tim više što se i mnogi stabilizatori raspoloženja, među kojima i litij, povezuju s poremećajima štitnjače. Stoga je u liječenju osoba s komorbiditetom BAP-a i Hashimotova tireoiditisa važan interdisciplinarni pristup, odnosno suradnja psihijatra i endokrinologa kako bi se postigla stabilnost psihičkog i tjelesnog stanja. Prikazat će se slučaj bolesnice mlađe životne dobi s komorbiditetom ovih stanja. Nakon dijagnoze tireoiditisa, bolesnica i obitelj inzistirali su na ukidanju litija iz terapije. Gotovo godinu dana od ukidanja tog lijeka, anti-TPO protutijela (specifična za AI bolesti štitnjače) i dalje su izrazito povišena (čak dvostruko viših vrijednosti u odnosu na mjerene uz terapiju litijem), uz, za sada, uredne hormone štitnjače. U ovom se slučaju nameće pitanje utjecaja litija na nastanak AI tireoiditisa ili je pak presudno postojeće hereditarno opterećenje za bolesti štitnjače.

function), frequently with a consequent adverse impact on mental health as well. In patients with BAD, Hashimoto's thyroiditis can destabilize the mental state and also complicate the treatment of BAD, especially because many mood stabilizers, including lithium, are associated with thyroid disorders. Therefore, in treating individuals with comorbid BAD and Hashimoto's thyroiditis, an interdisciplinary approach is important, namely cooperation between the psychiatrist and endocrinologist, in order to achieve stability of both mental and physical health. We present the case of a younger female patient with comorbidity of these conditions. After the diagnosis of thyroiditis, the patient and her family insisted on discontinuing lithium from the treatment regimen. Almost a year after discontinuation of this drug, anti-TPO antibodies (specific for AI thyroid diseases) remain markedly elevated (even twice as high as values measured during lithium therapy), while thyroid hormones are, for now, within normal limits. In this case, the question arises as to whether lithium influenced the development of AI thyroiditis, or whether the decisive factor is the pre-existing hereditary burden for thyroid disease.