

**Autoimmune thyroid disease**

<b>Bibliographic reference</b>	<b>Saatar et al. (2011)</b>
<b>Study type</b>	Cross-sectional survey
<b>Study quality</b>	<p>The Joanna Briggs Institute Prevalence Critical Appraisal Tool (<a href="http://ijhpm.com/article_2870_607.html">http://ijhpm.com/article_2870_607.html</a>)</p> <ol style="list-style-type: none"> <li>1. Was the sample representative of the target population? YES</li> <li>2. Were study participants recruited in an appropriate way? NO – Unclear is consecutive sample recruited</li> <li>3. Was the sample size adequate? YES</li> <li>4. Were the study subjects and the setting described in detail? YES</li> <li>5. Was the data analysis conducted with sufficient coverage of the identified sample? YES</li> <li>6. Were objective, standard criteria used for the measurement of the condition? YES</li> <li>7. Was the condition measured reliably? YES</li> <li>8. Was there appropriate statistical analysis? YES</li> <li>9. Are all important confounding factors/subgroups/differences identified and accounted for? YES</li> <li>10. Were subpopulations identified using objective criteria? NA</li> </ol> <p>Overall risk of bias = MODERATE</p>
<b>Country</b>	USA
<b>Number of patients</b>	N=302 patients with autoimmune thyroid disease
<b>Study population</b>	Inclusion: patients (adults and children) with positive anti-thyroid antibodies who were recruited from a paediatric endocrinology service

Appendix D: Evidence Tables

	<p>at a hospital; criteria included positive thyroid peroxidase antibodies, positive thyroglobin antibodies or positive thyroid stimulating hormone receptor antibodies</p> <p>Exclusion: congenital hypothyroidism, negative thyroid antibodies, IgA deficiency</p> <p>287 of 668 patients consented but 71 dropped out before study completing and 13 were excluded because of negative antibodies and 1 because of IgA deficiency, leaving 302 patients remaining</p> <p>Age from 3.1 to 24.9 years (most were 17 years old or less) 238 female, 64 male 24 had comorbidities (13 with T1DM, 10 with Down's syndrome, 2 with Turner syndrome; 1 had both T1DM and Down's syndrome)</p>
<b>Control</b>	none
<b>Details of coeliac testing</b>	Total IgA tTG-IgA Biopsy if positive tTG-IgA
<b>Results</b>	<p><b>2.4% (7/302) had biopsy-confirmed CD</b></p> <p>4.6% (14/278) had positive serology (13 had biopsy but one did not consent to biopsy)</p> <p>Excluding those with comorbidities, the prevalence of CD was 1.3% which authors say is similar to the rate in the general population</p>
<b>Source of funding</b>	Not reported
<b>Conflicts of interest</b>	Not reported
<b>Comments</b>	

Definitions of abbreviations are given at the end of this document.

<b>Bibliographic reference</b>	<b>Sategna-Guidetti C et al. (1998)</b>
<b>Study type</b>	Case control
<b>Study quality</b>	<p>The Joanna Briggs Institute Prevalence Critical Appraisal Tool (<a href="http://ijhpm.com/article_2870_607.html">http://ijhpm.com/article_2870_607.html</a>)</p> <ol style="list-style-type: none"> <li>1. Was the sample representative of the target population? YES</li> <li>2. Were study participants recruited in an appropriate way? NO – Unclear if consecutive sample recruited</li> <li>3. Was the sample size adequate? YES</li> <li>4. Were the study subjects and the setting described in detail? YES</li> <li>5. Was the data analysis conducted with sufficient coverage of the identified sample? YES</li> </ol>

Appendix D: Evidence Tables

	<p>6. Were objective, standard criteria used for the measurement of the condition? YES</p> <p>7. Was the condition measured reliably? YES</p> <p>8. Was there appropriate statistical analysis? YES</p> <p>9. Are all important confounding factors/subgroups/differences identified and accounted for? YES</p> <p>10. Were subpopulations identified using objective criteria? NA</p> <p>Overall risk of bias = MODERATE</p>
<b>Country</b>	Italy
<b>Number of patients</b>	N=152 autoimmune thyroid diseases N=185 with coeliac disease N=170 control
<b>Study population</b>	<p>Inclusion: consecutive patients at a thyroid outpatients clinic none of who were taking medications that could interfere with the immunological response, N=100 with Graves' disease, N=52 autoimmune throiditis/ subclinical hypothyroidism/euthyroidism, N=128 female, ages 15 to 80yrs</p> <p>Consecutive patients attending a coeliac disease outpatients, N=53 (N=41 female, median age 36yrs, range 19 to 67yrs) newly diagnosed therefore untreated, N=132 (N=89 female, median age 37yrs, range 16 to 81yrs)on GFD</p>
<b>Control</b>	healthy volunteers
<b>Details of coeliac testing</b>	
<b>Results</b>	<p><b>EMA and biopsy +ve N=5/152 (3.29%) of those with autoimmune thyroid diseases</b></p> <p>Autoimmune thyroid disease identified in N=38/185 (20.54%) of those with coeliac disease vs. N=19/170 control group (11.17%), <math>X^2=5.09</math>, <math>p=0.02</math>, the prevalence of autoimmune thyroid diseases among patients and controls did not differ among age groups</p>
<b>Source of funding</b>	Not reported
<b>Conflicts of interest</b>	
<b>Comments</b>	

Definitions of abbreviations are given at the end of this document.

<b>Bibliographic reference</b>	<b>Spadaccino et al. (2008)</b>
<b>Study type</b>	Cross-sectional survey
<b>Study quality</b>	<p>The Joanna Briggs Institute Prevalence Critical Appraisal Tool (<a href="http://ijhpm.com/article_2870_607.html">http://ijhpm.com/article_2870_607.html</a>)</p> <p>1. Was the sample representative of the target population? YES</p> <p>2. Were study participants recruited in an appropriate way? NO – Unclear is consecutive sample recruited</p>

Appendix D: Evidence Tables

	<p>3. Was the sample size adequate? YES</p> <p>4. Were the study subjects and the setting described in detail? YES</p> <p>5. Was the data analysis conducted with sufficient coverage of the identified sample? YES</p> <p>6. Were objective, standard criteria used for the measurement of the condition? YES</p> <p>7. Was the condition measured reliably? YES</p> <p>8. Was there appropriate statistical analysis? YES</p> <p>9. Are all important confounding factors/subgroups/differences identified and accounted for? YES</p> <p>10. Were subpopulations identified using objective criteria? NA</p> <p>Overall risk of bias = MODERATE</p>
<b>Country</b>	Italy
<b>Number of patients</b>	N=271 patients with autoimmune thyroid disease
<b>Study population</b>	<p>Inclusion: patients with autoimmune thyroid disease (181 chronic thyroiditis, 90 with Graves' disease)</p> <p>5 patients with chronic thyroiditis already had known CD and were on a GFD so were not included here</p> <p>Patient characteristics below include the 5 patients who already had known CD and were on a GFD (otherwise, these patients were not included in this evidence table)</p> <p>Mean age 42.6 years (range 12-89); 269 adults and 7 children</p> <p>246 females, 41 males</p> <p>141 had 2 or more clinical autoimmune diseases and depicted autoimmune polyglandular syndromes</p>
<b>Control</b>	none
<b>Details of coeliac testing</b>	<p>IgA-tTGA (ELISA, QUANTA Lite, Inova Diagnostics Inc., San Diego, USA; &lt; 20 U were considered normal)</p> <p>All were tested for IgA levels</p> <p>IgG AGA (ELISA, Giandin IgG, QUANTA)</p> <p>EMA-IgA using indirect immunofluorescence</p> <p>Biopsy – graded with Marsh criteria</p>
<b>Results</b>	<p><b>1.8% (5/276) had biopsy confirmed CD</b></p> <p>- 4 had chronic thyroiditis</p> <p>- 1 had Graves' disease</p> <p>(10 patients were positive for coeliac –related antibodies)</p>
<b>Source of funding</b>	Not reported
<b>Conflicts of interest</b>	Not reported

**Comments**

Definitions of abbreviations are given at the end of this document.