

## EFFECT OF RACE, GENDER AND AGE ON THYROID AND THYROID STIMULATING HORMONE LEVELS IN NORTH WEST FRONTIER PROVINCE, PAKISTAN

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**Background:** Thyroid is one of the ductless endocrine gland, which is located immediately below the larynx on either side of and anterior to the trachea. The principal hormones of thyroid gland are thyroxine ( $T_4$ ) and triiodothyronine ( $T_3$ ). The current study was carried out to investigate the impact of race, gender and area on the levels of Thyroxine ( $T_4$ ), Triiodothyronine ( $T_3$ ) and Thyroid Stimulating Hormone (TSH) in normal healthy individuals. **Methods:** Serum levels of  $T_4$ ,  $T_3$  and TSH in 498 normal healthy individuals belonging to different districts of North West Frontier Province, Pakistan, were examined. Serum  $T_4$  and  $T_3$  were analysed by Radio Immuno Assay (RIA) method whereas TSH was estimated by Immunoradiometric assay (IRMA) method. **Results:** Levels of  $T_4$ ,  $T_3$  and TSH ranged from 53 to 167  $\eta\text{mol/L}$ , 0.6 to 3.1  $\eta\text{mol/L}$  and 0.3–4.8  $\mu\text{IU/L}$  respectively. The levels of these hormones show significant change from the reference values that are used in clinical laboratories as well as in Institute of Radiotherapy and Nuclear Medicine (IRNUM), Peshawar, Pakistan. **Conclusion:** It is concluded that the age, gender, race and area, all have an appreciable effect on the levels  $T_4$ ,  $T_3$  and TSH.

**Keywords:** Thyroxine, Triiodothyronine, Thyroid Stimulating Hormone, TSH, Thyroid Hormones

### INTRODUCTION

Thyroid is one of the ductless endocrine gland, which is located immediately below the larynx on either side of and anterior to the trachea. The normal adult gland has a weight of 25–40 gm.<sup>1</sup> The principal hormones of thyroid gland are Thyroxine ( $T_4$ ) and Triiodothyronine ( $T_3$ ) and their concentrations are 93% and 7% respectively. Both  $T_4$  and  $T_3$  hormones are iodine-containing amino acids.  $T_3$  is about four times as potent as  $T_4$ , but it is present in the blood in much smaller quantities and persists for shorter time than does  $T_4$ . The normal total plasma  $T_4$  level is approximately 8  $\mu\text{g/dL}$  (103  $\eta\text{mol/L}$ ), and the plasma  $T_3$  level is 0.15  $\mu\text{g/dL}$  (2.30  $\eta\text{mol/L}$ ). The plasma proteins that bind thyroid hormones (about 1%) are albumin, formerly called Thyroxine-Binding Prealbumin (TBPA) and now called transthyretin, globulin and thyroxine-binding globulin (TBG). Of the three, albumin has the largest capacity to bind  $T_4$  and TBG the smallest.<sup>12</sup> Normally, 99.98% of  $T_4$  in plasma is bound; the free  $T_4$  level is only about 2  $\eta\text{g/dL}$ . The free  $T_4$  in the plasma are physiologically active causing the inhibition of the TSH secretion. The free  $T_4$  in plasma is important in the metabolic control of human body and therefore free  $T_4$  is believed to be a direct indicator of thyroid status in an individual. Free  $T_3$  like free  $T_4$  measurement also reflects the thyroid status of individual accurately.<sup>1-3</sup>

The Thyroid Stimulating Hormone (TSH) also known as thyrotropin is an anterior pituitary hormone. Human TSH is a glycoprotein containing 211 amino acid residues, hexose, hexosamines and sialic acid and is made up of two subunits alpha ( $\alpha$ ) and beta ( $\beta$ ), having molecular weight 28,000 a.m.u. The biological half-life of human TSH is about 60 minutes.<sup>1</sup> The

thyroid function is controlled by TSH. The secretion of this tropic hormone is in turn regulated in part by thyrotropin releasing hormone (TRH) from hypothalamus and is subjected to 'negative feed back' control by high circulating levels of thyroid hormones acting on the anterior pituitary and hypothalamus. In normal individuals the range of thyroid hormones and TSH in the blood is as follows:<sup>4-6</sup>

Thyroxine ( $T_4$ )	65–156 $\eta\text{mol/L}$
Triiodothyronine ( $T_3$ )	0.8–2.7 $\eta\text{mol/L}$
Thyroid Stimulating Hormone (TSH)	0.5–5.0 $\mu\text{IU/L}$

In hyperthyroidism  $T_4$  and  $T_3$  levels are elevated and TSH is suppressed due to negative feed back mechanism. Diseases due to hyper function of thyroid hormones are exophthalmic goitre, Grave's disease and thyrotoxicosis. Hyperthyroidism is characterized by nervousness, weight loss, hyperphagia, heat intolerance, soft skin and sweating.<sup>2,3</sup> In Hypothyroidism, the TSH level is raised while  $T_4$  and  $T_3$  are low.<sup>7</sup> Diseases due to hypo function of thyroid are cretinism and myxedema.<sup>2</sup>

Some of the important factors affecting the thyroid hormones level include neonates, in which the  $T_4$  concentration gradually decreases, reaching towards the normal at the end of first year. Serum  $T_3$  remains higher through early adolescences.<sup>8</sup> There appears to be a systemic decrease in the increments of serum TSH in response to TRH in men over 40 years of age. Compared to non-pregnant women, the serum  $T_3$  and  $T_4$  levels may rise to twice in pregnant women. During the first trimester, a decrease of TSH concentration occurs, and the decrease is greater in twin pregnancy.<sup>9</sup> Alteration in nutritional status, whether short term or long term and whether as the result of over feeding or

under feeding or merely a change in substrate mix, affects different aspects of thyroid hormones economy, especially peripheral hormones metabolism.<sup>10</sup>

The study was basically designed to see the level of thyroid and thyroid stimulating hormones in normal and healthy individuals of North West Frontier Province (NWFP), Pakistan and also to investigate the effect of age and gender on  $T_4$ ,  $T_3$  and TSH.

## MATERIAL AND METHODS

Blood samples were obtained from anti-cubital vein of 498 healthy individuals of NWFP, Pakistan. Serum was separated and stored in a freezer at  $-20\text{ }^\circ\text{C}$ . The individuals had no family or personal history of thyroid disease and were not on any drug, which was feared or suspected to interfere with thyroid hormone assay. They were selected from different districts of NWFP namely Karak, Bannu, Kohat, Hungu and Peshawar districts.

The samples were analysed for  $T_4$ ,  $T_3$  and TSH levels in Radio Immuno Assay Laboratory (RIA Lab) at the Institute of Radiotherapy and Nuclear Medicine (IRNUM), Peshawar, Pakistan. Serum  $T_4$  and  $T_3$  were analyzed by Radio Immuno Assay (RIA) method using Amerlex- $MT_4$  and  $MT_3$  RIA kits supplied by Tianjin DEPU (DPC) Biotechnological & Medical Products Inc., China<sup>11-14</sup>, whereas serum TSH was estimated by Immunoradiometric assay (IRMA) method using Coat-A-Count TSH IRMA Kit, supplied by Tianjin DEPU (DPC) Biotechnological & Medical Products Inc., China.<sup>15,16</sup> A Gamma Counter Model No. E. Sourcer RIA type SD 12 manufactured by Oakfield, England, UK, was used for determining  $T_4$ ,  $T_3$  and TSH levels.

## RESULTS

In the present study the serum concentrations of  $T_4$ ,  $T_3$  and TSH were measured in 498 healthy individuals belonging to the area of Karak, Bannu, Kohat, Hungu and Peshawar districts. The Mean $\pm$ SD for  $T_4$  was  $80.75\pm 13.10\text{ }\eta\text{mol/L}$  with range 53–167  $\eta\text{mol/L}$  and for  $T_3$  it was found to be  $1.81\pm 0.65\text{ }\eta\text{mol/L}$  with a range of 0.6–3.1  $\eta\text{mol/L}$ . The normal range for TSH was found to be 0.3–4.8  $\mu\text{IU/L}$  and the Mean $\pm$ SD for TSH observed was  $1.38\pm 0.90\text{ }\mu\text{IU/L}$ .

It was aimed to see the impact of age, gender and climate on the  $T_4$ ,  $T_3$  and TSH levels. The observed values for  $T_4$ ,  $T_3$  and TSH reveal that these values deviate from the fixed standard values used in RIA laboratory as the ranges for both  $T_4$  and  $T_3$  have slightly expanded while in case of the TSH it has shrunken. The values of  $T_4$ ,  $T_3$  and TSH observed were 99.80  $\eta\text{mol/L}$ , 1.93  $\eta\text{mol/L}$  and 1.88  $\mu\text{IU/L}$  and are thus different from the current observations.<sup>12</sup>

The normal hormonal levels are different for different genders.<sup>8</sup> The gender impact observed in the current study is shown in (Table-1). Males were found to be 75.50% and females 24.50% respectively. The

mean values obtained in case of  $T_4$  and TSH showed very slight difference with elevated level of  $T_4$  in males and TSH in females while the mean values for  $T_3$  were almost the same in both the genders.

The Age-wise distribution of study subjects for the determination of thyroid hormone and TSH levels is shown in Table-2. The study subjects were divided into seven different age groups. It is almost clear from the data that the serum value for  $T_4$  is slightly lower in the first decade of life ( $63.06\pm 9.60\text{ }\eta\text{mol/L}$ ) than in the second decade ( $84.93\pm 12.80\text{ }\eta\text{mol/L}$ ). The serum  $T_4$  value increases progressively in the third, fourth and fifth decades of life with a sudden drop in individuals in age groups having age more than 40 years. The  $T_3$  values observed are higher in the first decade of life. The second, third and fourth decades showed a decrease in values of  $T_3$  with an increased value in the fifth and seventh decade of life. The serum TSH value is higher in the first decade of life which decreases up to third decade progressively with an increased value at fourth decade of life.

While comparing the hormonal levels, the study population was classified on the basis of gender into different age groups. The serum thyroid hormones and TSH levels for male of different age groups (Table-3), shows that  $T_4$  values were found a little bit lower in the first decade of life ( $65.50\pm 15.00\text{ }\eta\text{mol/L}$ ) with the progressive increased values in later decades of life and remain nearly constant.

The values of  $T_3$  were observed higher in the first decade of life while a slight decrease was found in the second decade which remained nearly stable in the later decades of life. It was also observed from (Table-3) that the TSH levels were found higher in the first decade and it remained nearly stable in the later decades of life, slightly with the decreased values from the first decade of life.

In the same way the results of thyroid hormones and TSH level in females of different age groups (Table-4), reveals that serum  $T_4$  values were found lower in the first decade of life which increases in later decades of life and remain nearly the same in rest of life for the population observed. As it is evident from Table-4 that  $T_3$  is slightly higher in the first decade of life, however, which remained nearly constant in later decades, i.e., up to fourth decade of life. In the 5<sup>th</sup> decade higher  $T_3$  values were observed which latter dropped. In females the serum TSH level showed a higher value in the first and second decades of life, which remained nearly constant in later decades of life with somewhat reduced values.

The results obtained for these hormones in individuals belonging to different areas (Table-5) show a slight difference in  $T_4$  levels. The table also reveals that there was no significant difference observed for  $T_3$  and TSH level.

**Table -1: Gender distribution of hormone levels**

Gender	T <sub>4</sub> (nmol/L)	T <sub>3</sub> (nmol/L)	TSH (μIU/L)
Males (n=376)	83.70±12.50	1.81±0.45	1.35±0.60
Females (n=122)	71.65±15.50	1.80±0.55	1.45±0.65

Values are expressed as Mean±SD

**Table-2: Thyroid and TSH level in different age groups (n=498)**

Age Groups Years	T <sub>4</sub> (nmol/L)	T <sub>3</sub> (nmol/L)	TSH (μIU/L)
1-10 (n=104)	63.06±9.60	1.93±0.55	1.76±0.55
11-20 (n=268)	84.93±12.80	1.83±0.48	1.36±0.52
21-30 (n=106)	85.00±13.00	1.59±0.46	1.05±0.45
31-40 (n=10)	93.30±11.70	1.37±0.38	1.63±0.40
41-50 (n=8)	87.90±10.90	2.18±0.49	1.00±0.38
51-60 (n=1)	47.00±7.09	1.00±0.55	0.90±0.38
60+ (n=1)	137.0±14.50	3.40±0.65	0.70±0.33

Values are expressed as Mean±SD

**Table-3: Thyroid hormones and TSH level in males of different age groups (n=376)**

Age Groups Years	T <sub>4</sub> (nmol/L)	T <sub>3</sub> (nmol/L)	TSH (μIU/L)
1-10 (n=56)	65.50±15.00	2.05±0.55	1.79±0.45
11-20 (n=217)	87.41±13.00	1.87±0.60	1.32±0.40
21-30 (n=94)	84.61±17.50	1.55±0.65	1.03±0.35
31-40 (n=07)	99.85±16.50	1.83±0.70	1.72±0.35
41-50 (n=02)	91.00±17.50	1.40±0.60	0.40±0.50

Values are expressed as Mean±SD

**Table-4: Thyroid hormones and TSH levels in females of different age groups (n=122)**

Age Groups Years	T <sub>4</sub> (nmol/L)	T <sub>3</sub> (nmol/L)	TSH (μIU/L)
1-10 (n=48)	61.50±14.00	1.97±0.50	1.52±0.50
11-20 (n=51)	74.39±16.50	1.68±0.55	1.51±0.45
21-30 (n=12)	88.08±16.00	1.90±0.50	1.20±0.55
31-40 (n=03)	78.00±17.50	1.86±0.60	1.40±0.65
41-50 (n=06)	86.83±17.00	2.45±0.55	1.20±0.60
51-60 (n=01)	47.00±18.50	1.00±0.65	0.90±0.65

Values are expressed as Mean±SD

**Table-5: Different Districts of NWFP and Thyroid Hormones and TSH Levels (n=498)**

Districts	%	T <sub>4</sub> (nmol/L)	T <sub>3</sub> (nmol/L)	TSH (μIU/L)
Karak (n=209)	41.96	76.42±16.60	1.80±0.70	1.46±0.85
Bannu (n=98)	19.67	80.76±15.90	1.70±0.65	1.31±0.90
Kohat (n=100)	20.08	81.78±16.50	1.90±0.60	1.31±0.75
Hungu (n=80)	16.06	89.00±17.00	2.05±0.80	1.39±0.55
Peshawar (n=11)	2.20	92.90±14.70	1.20±0.75	1.16±0.65

Values are expressed as Mean±SD

## DISCUSSION

The variations in the mean values of the concerned hormones with gender (Table-2) suggests that a small change within the normal range can be seen in serum T<sub>4</sub>, in both genders with a slightly higher level in males than females. This observation is in accordance with the previous work, that in males the value of sex hormones increases the circulating level of thyroxine binding globulin (TBG), which directly leads to increase in circulating level of T<sub>4</sub>.<sup>8</sup>

However, some what contradictory results were reported by others who worked on the effect of age and gender on thyroid function and concluded that level of T<sub>4</sub> was higher in females than males. They further concluded that T<sub>3</sub> and TSH levels are not influenced by gender.<sup>8,17,18</sup>

The present work also examines the effect of age on the levels T<sub>4</sub>, T<sub>3</sub> and TSH (Table-2) which show a decreased level of T<sub>4</sub> in the first ten years of life. This is in accordance with the previous works.<sup>8</sup> Similar trends of changes in T<sub>4</sub> levels were also found by other workers.<sup>17</sup> In the first decade, the T<sub>3</sub> level was found to be elevated, which was followed by a drop then it increases in the later decades. This pattern of effect is also in agreement with the findings of previous workers.<sup>17-20</sup>

The effect of age on TSH level was observed to increase in the first decade and then decreased in second and third decades of life. The TSH level remained nearly unaffected beyond the fourth decade of life. This pattern of result is in agreement with the results obtained in the previous study<sup>18,21</sup>, while some workers showed a higher TSH level with an increase in age<sup>19,22</sup>. This difference may be due to the fact that the subjects in that study were not screened for any kind of illness that may affect the thyroid function tests. In the present work we selected normal and healthy individuals. Further more a longitudinal study was conducted which might affect the results.<sup>19</sup> Some other researchers also assayed thyroid hormones and TSH and found no changes in TSH level with age.<sup>10</sup>

The level of thyroid hormones and TSH both in males and females of different age groups are depicted in Table-3 and 4. In the first decade, like that found by Razzak<sup>8</sup>, the value of T<sub>4</sub> in case of males and females was found lower but it increased in the next decades, which is in accordance with the results obtained by Sack.<sup>23</sup> In the case of males the T<sub>4</sub> value increases progressively. While in the case of females the decreased values were observed in the fourth and sixth decades with an elevated value in the last decade of life. The lower T<sub>4</sub> level in the first decade of life in both the genders and a decreased value in the fourth and sixth decades of life in females may be attributed to the decreased concentration of TBG. In case of females the elevated T<sub>4</sub> value in the last decade of life may be due to the increased concentration of TBG during pre-menopausal period. The higher value of T<sub>4</sub> in the last ten years in females than in males is in accordance with the result obtained by earlier investigators.<sup>17,24</sup> The T<sub>3</sub> values were found higher in the first decade in both genders, which latter on decreased in the second decade and was stable in the remaining age. Such results were obtained by Muslim and Khalil<sup>17</sup>, Westgren *et al*<sup>20</sup>. A slight difference was

shown in TSH level of males in different age groups (Table-3). The TSH level was found higher in the first decade of life with a little decrease in the latter decades of life. These results are similar to the previous work of Razzak<sup>8</sup>, Muslim and Khalil<sup>17</sup>, Franklyn<sup>18</sup>, Hoogendoorn *et al*<sup>22</sup>. While in case of females it remained nearly constant in first few decades of life with a little decreased value in the last decades of life (Table-4). The TSH level was found decreased with age.<sup>21,25,26</sup> Our results are in agreement with the previous results. This decrease in hormonal levels may be in direct relation with the increased T<sub>4</sub> level in the respective decades of life.

This study determines the normal levels of hormones in healthy volunteers from different districts of NWFP, province, especially from Karak, Bannu, Kohat, Hungu and Peshawar. The difference in the observed T<sub>4</sub> may be due to the difference in their food habit, race and socio-economic conditions of peoples belonging to the above mentioned areas of the province.

## CONCLUSION

It can be concluded from the present study that the age, gender, race and area all have an appreciable effect on the levels T<sub>4</sub>, T<sub>3</sub> and TSH.

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## REFERENCES

1. Ganong FW. Review of Medical Physiology, California: Appleton and Lange; 1995. p.314.
2. Guyton WC, Hall IE. A Textbook of Medical Physiology. Philadelphia: W B Saunders & Co; 1996. p. 945-55.
3. Edwards R. Immunoassay (An Introduction), London: William Heinemann Medical Book; 1985. p. 84, 685.
4. Griffin, I E.; Objeda, S. R. The Textbook of Endocrine Physiology. New York: Oxford University Press; 1988. pp.222 & 232.
5. Andreali TE, Carpenter CC1, Bannet, IC, Plum F. Cecil Textbook of Medicine, 4<sup>th</sup> Edition. Philadelphia: W.B. Saunder & Co; 1997. p. 952-3.
6. Murry RK, Gerner PK, Mays PA, Rodwell VW. Harper's Textbook of Biochemistry, 25<sup>th</sup> Edition. Appleton & Lange: Stanford, 2000; p. 8.
7. Thorell, IL; Larson, S.M. Radioimmunoassay and related techniques (Methodology and Clinical Applications). Saint Louis: The CV Mosby Company; 1978. p.12, 119.
8. Razzak, MA. Effect of Age and Sex on Thyroid Function Tests. Establishment of norms for the Egyptian Population in Developments in Radioimmunoassay and Related Procedures International Atomic Energy Agency, 1992. p.353-8.
9. Dashe JS, Casey BM, Well CE, Mc Intire DD, TSH in single and twin pregnancy ; important if gestational age – specific reference ranges. Obstet Gynecol 2005;106:753-7
10. Wilson ID, Foster DW. William's Textbook of Endocrinology, 8<sup>th</sup> Edition. Philadelphia: WB. Saunders & Co; 1992. p.358-80.
11. Hollander CS, Nihei N, Burday SZ, Mitsuma T, Shenkman L, Blum M. Clinical and laboratory observations in cases of triiodothyronine toxicosis confirmed by radioimmunoassay. Lancet 1972;1(7751):609-11.
12. Sterling K, Refetoff S, Sleekness HA. T3 thyrotoxicosis. Thyrotoxicosis due to elevated serum triiodothyronine levels. JAMA 1970;213:571-5.
13. Tietz, NW. Clinical Guide to Laboratory Test. 3<sup>rd</sup> Edition. Philadelphia; W B Saunder & Co: 1995. p. 612.
14. Burroughs, V.; Shenkman, L. Thyroid function in the elderly. Am J Med Sci 1982;283:8-17.
15. Burger HG, Patel TC. Thyrotrophin releasing hormone--TSH. Clin Endocrinol Metab 1977;6(1):83-100.
16. Klee GG, Hay ID. Assessment of sensitive thyrotropin assays for an expanded role in thyroid function testing: proposed criteria for analytic performance and clinical utility. J Clin Endocrinol Metab 1987;64(3):461-71
17. Muslim S, Khalil Z. Effect of Age, Sex, Salt, Water and Climate on T<sub>3</sub>, T<sub>4</sub> and TSH in Healthy Individuals, Department of Zoology Peshawar University; 2000.
18. Franklyn JA, Ramsden BD, Sheppard MC. The influence of age and sex on tests of thyroid function. Am Clin Biochem 1985;22:502-5.
19. Nissinen A, Kivelä SL, Pekkanen J, Pitkänen L, Punsar S, Kaarsalo E, *et al*. Thyroid function tests in elderly Finnish men. Acta Med Scand 1986;220:63-9.
20. Westgren U, Burger A, Ingemansson S, Melander A, Tibblin S, Wählin E. Blood levels of 3,5,3'-triiodothyronine and thyroxine: differences between children, adults, and elderly subjects. Acta Med Scand 1976;200:493-5.
21. Hesch RD, Gatz J, Pape J, Schmidt E, von zur Mühlen A. Total and free triiodothyronine and thyroid-binding globulin concentration in elderly human persons. Eur J Clin Invest 1976;6(2):139-45.
22. Hoogendoorn EH, Hermus AR, de Vegt F, Ross HA, Verbeek AL, Kiemeny LA, *et al*. Thyroid function and prevalence of anti-thyropoxidase antibodies in a population with borderline sufficient iodine intake: influences of age and sex. Clin Chem 2006;52:104-11.
23. Sack J, Bar-On Z, Shemesh J, Becker R. Serum T<sub>4</sub>, T<sub>3</sub> and TBG concentrations during puberty in males. Eur J Pediatr 1982;138(2):136-7.
24. Campbell AJ, Reinken J, Allan BC. Thyroid disease in the elderly in the community. Age Ageing 1981;10:47-52.
25. Penny R, Spencer CA, Frasier SD, Nicoloff, JT. Thyroid-Stimulating Hormone and Thyroglobulin Levels Decrease with Chronological Age in Children and Adolescents. J Chin. Endocrinol. Metab 1983; 56(1):177-80.
26. Hershman JM, Pekary AE, Berg L, Solomon DH, Sawin CT. Serum thyrotropin and thyroid hormone levels in elderly and middle-aged euthyroid persons. J Am Geriatr Soc 1993;41:823-8.

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