Tosovic – case/control (n) pre-meno post meno BMI<25 BMI>25

T3 168/175 461/469 327/329 302/315

T4 168/175 461/469 327/329 302/315

TSH 169/175 459/469 326/328 302/316

Chaker incident AF 2015 ‘ can’t infer’ – should be ‘N’

van de Ven (correct spelling)- different lines are referring to high or low thyroid; high thyroid = high FT4 /low TSH- converse for low thyroid. Lines 1,4,5,7 are high thyroid.

Chaker incident diabetes – strictly euthyroid n=7188

Prediabetes to diabetes strictly euthyroid n=1137

Jun ‘these were missing’ – did you insert? – confirming delta thyroid/diabetes female p values

T3- 0.019, T4 0.019, TSH 0.015 (Tertiles)

Continuous variable – delta thyroid/diabetes female p values- T3 <0.05, T4<0.01, TSH<0.001

Continuous variable – delta thyroid/diabetes male p values-T3 <0.01, T4 <0.001, TSH<0.01

Shon - obesity TSH N (not sig) P value not supplied

This is from article

Statistical analysis

The relationships between serum TSH or free T4 and BMI were evaluated as continuous variables and as categorical variables (i.e., as quartiles of similar size). Independent samples *t*-test was applied to evaluate the differences among all parameters. When more than two groups were compared, we applied ANOVA with Tukey *post hoc* analysis. Multiple linear regression models were performed for associations of thyroid function with BMI and serum lipid concentrations, with adjustment for age, smoking, and BMI. SPSS 12 (SPSS Inc, IL, USA) was used for data analysis, and *p*<0.05 was considered statistically significant.

[Go to:](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2686972/)

RESULTS

Anthropometric and clinical characteristics of euthyroid women

The mean age of the euthyroid women in this study was 46.2±11.2 years. The mean BMI of these women was 22.8±2.9. The proportion of smokers was 3.4%. Free T4 was lower in euthyroid women than in euthyroid men, whereas TSH was higher in euthyroid women than in euthyroid men (data not shown).

Thyroid function and BMI

Anthropometric and clinical characteristics of euthyroid women are summarized in [Table 1](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2686972/table/T1/). Obese euthyroid women had lower serum free T4 than did lean euthyroid women, while TSH did not differ significantly between lean and obese euthyroid women or euthyroid men (data not shown). On continuous variable evaluation, free T4 was negatively correlated with BMI, and TSH was not found to be associated with BMI in euthyroid women ([Table 2](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2686972/table/T2/)). Free T4 was negatively correlated with diastolic BP. When subjects were categorized according to free T4 (quartiles of similar sizes), higher free T4 levels were associated with lower BMI, whereas serum TSH and BMI were not associated with each other ([Figure 1](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2686972/figure/F1/)).

Roef- radius trabecular BD- ‘N’ – no association with T3

Chaker 2016 SCD- the results are almost identical

Exact descriptions from text- 1. Excluding abnormal FT4 values and thyroid medication at baseline. 2. Excluding abnormal FT4 values and thyroid medication at baseline and censoring participants with thyroid medication use during follow-up. The n values are as per the article- ? an error, ? a statistical quirk of censoring cf excluding

Xu – method- quoting-

Stepwise logistic regression analysis was performed to evaluate the risk factors for fatty liver using the dichotomous variable logistic regression model. Nineteen variables including age, gender, metabolic syn, smoking, BMI, WC, SBP, DBP, TC, HDL, LDL, BUN, Cr, FPG, SUA, TSH, FT4 and FT3 were entered into the original equation. Our results showed that age, BMI, WC, TG, Cr FPG, SUA and FT4 remained in the final equation, suggesting that these 8 factors were closely related to the risk of fatty liver. A notable finding was that serum FT4 was found to be significantly associated with risk of fatty liver (OR 0.847 (0.743-0.966) p= 0.013)

G- Garcia- Method – Tertiles- quoting- when more than two groups were compared ANOVA analysis was carried out with the Tukey test for normally distributed variables and Kruskal-Wallis for non-normally distributed data..... The association between the metabolic syndrome components and FT4/TSH was evaluated using odds ratios ***adjusted for age and sex*** with logistic models

The approx 2700 for strictly euthyroid can be refined to 2811 ie 92.7% of 3033

Tertile numbers are not stated- surely it must be the whole 3033 with 1011 in each tertile?