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Peer Review

Review of: "The Paradox of Psychological Denialism in Supporting Thyroid Patients"

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In his commentary titled “The Paradox of Psychological Denialismin Supporting Thyroid Patients” Massimo Agnoletti argues the case for a better psychological treatment of patients with thyroid conditions, especially addressing stress load. He pleads in favour of interdisciplinary collaboration between endocrinologists and psychologists and suggests including this issue in a national Italian task force established by FIMMG [Italian Federation of General Practitioners] and CNOP [National Council of Italian Psychologists].

This manuscript addresses a very important topic, and it is welcome that the author broaches this complex issue. However, the reasoning remains shallow and leaves critical points unaddressed.

It is important to point out that about 10% of hypothyroid patients suffer from persistent symptoms and reduced quality of life despite optimal pharmacological treatment, arriving at normal TSH concentrations [Wiersinga 2014, PMID 24419358]. This highly prevalent problem has more recently been termed “syndrome T” in Europe [Berberich et al. 2018, PMID 29619006; Bazika-Gerasch et al. 2024, PMID 38811750] and “SORSHOT” in the United States [Bianco, Rethinking Hypothyroidism 2022, ISBN 978-0226823164]. It is assumed that at least 2 million persons are affected by syndrome T in Europe. This important health issue should be sufficiently addressed in a separate paragraph.

The statement that the degree of dissatisfaction of hypothyroid patients with pharmacological treatment reaches 40% may, however, be a slight exaggeration. Usually, the relative prevalence of syndrome T among persons affected by hypothyroidism is assumed to be between 5 and 15% [see above and Wiersinga 2014]. Additionally, reference #4 remains unclear. Please provide journal and DOI information, or at least a persistent URL, where this statement can be verified. Adding a potentially more reliable reference would be welcome.

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In order to discuss the influence of chronic stress, the author should refer to the framework of type 2 allostatic load. Chronic psychosocial stress may increase the setpoint of the pituitary-thyroid homeostatic system via an allostatic response, leading to elevated TSH and free T3 concentrations and resulting in problems of differential diagnosis. Pertinent review articles have been written on this topic [e.g. Chatzitomaris et al. 2017, PMID 28775711]. Of note, this not only applies to stress in its usual sense but also to affective disorders [see Cui et al. 2024, PMID 38277991] and patients with schizophrenia [e.g. Zhai et al. 2022, PMID 36368279]. It is essential to include the important issue of thyroid allostasis in the reasoning.

Additionally, it should be added that anxiety and depression are common among patients affected by autoimmune thyroiditis [see, e.g. Bazika-Gerasch et al. 2024 and Siegmann et al. 2018, PMID 29800939 for a quite recent meta-analysis].

The author is probably right that specific psychological services are lacking for patients affected by thyroid conditions. However, a “quick web search” is insufficient to confirm this absence. The author should describe their search strategy, using at least two search engines (e.g., Google, Bing, and/or Ecosia) and provide the exact search formula that has been used.

It is difficult to review the manuscript without line numbers. The author is asked to include continuous line numbering into the text document to facilitate future review rounds.

Declarations

Potential competing interests: No potential competing interests to declare.