

Editorial

A Looming Crisis: The Unaddressed Burden of Thyroid Disorders in Pakistani Women

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The rising prevalence of thyroid disorders among Pakistani women of reproductive age constitutes a significant and under-recognized public health issue, profoundly impacting maternal and child health outcomes. Recent data highlight an increasing burden of hypothyroidism and thyroid cancer, with risk factors exacerbated by widespread iodine deficiency, insufficient healthcare infrastructure, and rising obesity rates. Maternal thyroid dysfunction is strongly linked to adverse effects on offspring, including low birth weight, preterm delivery, and long-term neurodevelopmental delays. This letter advocates for integrating thyroid screening into existing reproductive health services and enhancing national iodine supplementation programs to address this critical health disparity and improve the well-being of future generations.

Editorial

Thyroid disorders represent an urgent public health concern for Pakistani women that remains insufficiently acknowledged. Women of reproductive age experience these disorders at higher rates, which affect maternal health outcomes and child development as well as healthcare systems in low- and middle-income nations such as Pakistan.

Recent studies reveal growing numbers of Pakistani women who suffer from hypothyroidism and thyroid cancer. A retrospective study from Karachi reported that women between 30–50 years of age comprised most thyroid disease cases, with multinodular goiter and papillary carcinoma being predominant diagnoses [1]. A northern Pakistan study demonstrated that more than a quarter of excised goiters tested positive for cancer after being undiagnosed for extended periods [2]. Furthermore, a recent study from a tertiary care hospital in Pakistan found that obesity, a rising public health issue, is significantly associated with thyroid cancer among females [3].

The situation is further exacerbated during pregnancy. Research conducted in Lahore established that 80% of pregnant women suffered from iodine deficiency while only one-third consumed iodized salt on a regular basis [4]. The presence of dietary iodine deficiency, together with unregulated salt iodization and increased exposure to endocrine-disrupting chemicals, contributes to health problems. The effects of maternal thyroid dysfunction during pregnancy extend to the child's development, with studies showing an association with low birth weight, miscarriage, and long-term neurodevelopmental issues [5, 6, 7]. For example, even mild thyroid hormone insufficiency

during pregnancy has been linked to an increased risk of intellectual disability and motor delays in children [7]. According to recent clinical guidelines, untreated maternal thyroid dysfunction can also lead to adverse pregnancy outcomes such as preterm birth and preeclampsia [8].

Limited healthcare awareness along with insufficient screening infrastructure and regional healthcare disparities present obstacles to early disease detection. The increased prevalence of non-communicable diseases together with growing rates of obesity could potentially affect thyroid function yet require additional data from local studies.

Our recommendation includes integrating thyroid screening into existing maternal and reproductive health services alongside enhancing Pakistan's iodine supplementation programs and creating targeted awareness campaigns. Implementing a national thyroid health strategy that focuses on women from underserved communities helps prevent prolonged health complications.

The health of the thyroid gland plays a critical role in both women's health and public health outcomes. Acting on this subject immediately will produce advantages for multiple future generations.

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