

Journal of Pharmaceutical Research International

33(45A): 147-155, 2021; Article no.JPRI.73747

ISSN: 2456-9119

(Past name: British Journal of Pharmaceutical Research, Past ISSN: 2231-2919,

NLM ID: 101631759)

Normal Reference Range for Serum TSH, Free T4, Total T4, and Total T3 on Roche® Platforms in Basrah, Iraq

Nassar Taha Alibrahim¹, Samih Abed Odhaib², Ali Hussain Alhamza¹, Ammar Mohammed Saeed Almomin¹, Ibrahim Abbood Zaboon¹, Rudha Naser Hussein³, Muayad Baheer Kadhim⁴, Adel Gassab Mohammed⁵, Dheyaa Kadhim Al-Waeli⁵, Hussein Ali Nwayyir¹, Haider Ayad Alidrisi¹, Ibrahim Hani Hussein¹, Mahmood Thamer Altemimi², Husam Jihad Imran⁴ and Abbas Ali Mansour^{1*}

¹Faiha Specialized Diabetes, Endocrine and Metabolism Center (FDEMC), University of Basrah, Iraq.

²Thi-Qar Specialized Diabetes, Endocrine and Metabolism Center, Nasiriyah, Thi-Qar, Iraq.
 ³Najaf Specialized Diabetes and Endocrine Center, Najaf Health Directorate, Najaf, Iraq.
 ⁴Misan Specialized Diabetes and Endocrine Center, Misan Health Directorate, Amarah, Misan, Iraq.
 ⁵Thi-Qar Specialized Diabetes, Endocrine and Metabolism Center, University of Thi-Qar, Nasiriyah, Thi-Qar, Iraq.

Authors' contributions

This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.

Article Information

DOI: 10.9734/JPRI/2021/v33i45A32727

Editor(s):

(1) Dr. R. Deveswaran, M.S.Ramaiah University of Applied Sciences, India.

Reviewers:

(1) Tofail Ahmed, BIRDEM, Bangladesh.

(2) P. Sathyamurthy, Sri Ramachandra Institute of Higher Education and Research, India.

Complete Peer review History: https://www.sdiarticle4.com/review-history/73747

Original Research Article

Received 11 July 2021 Accepted 21 September 2021 Published 29 September 2021

ABSTRACT

Background: Thyroid function tests are mandatory in clinical practice because symptoms and signs are not reliable to discriminate between various types of thyroid disease.

Aim: The aim of this study was to determine assay-specific reference range for serum free T4, total T4, total T3 and TSH among healthy non-pregnant adult cohort for Roche® platforms in Basrah (Southern Iraq) from single laboratory in a tertiary center using indirect approach of the available data.

*Corresponding author: E-mail: abbas.mansour@fdemc.iq;

Methods: A Cross sectional study for non-pregnant adults 19 years and above. Sera were analyzed by using cobs e411 for thyroid functions tests.

Results: Total enrolled persons were 10,078. The 95% reference intervals for TSH were 0.20-6.50 μ IU/mL, which increased with age though not linear, for free T4 were 0.8-1.70 ng/dL, for total T4 were 3.78-15.33 μ g/dL, and for total T3 were 0.80-2.50 ng/mL.

Colcusion: Cobs e411(Roche® analytical platform) analyzer reference range for thyroid function cannot be applied for Iraqi population .

Keywords: Thyroid hormones; reference intervals; Roche® analytical platform.

1. INTRODUCTION

Symptoms and signs are not reliable to discriminate various thyroid disease and we have to rely on thyroid function test.

Factors that affect thyroid hormones level are mainly age, smoking, genetic factors, iodine status but not body mass index (BMI) [1-9].

Unfortunately, there are wide range in reference range for thyroid hormone using different analytical platforms, despite they are using the same automated chemiluminescent immunoassays principles [10].

Standardization and harmonization of these assays is ongoing, but still beyond the level to reduce interlaboratory variations.

Some advocates measuring TSH and free T4 to assess thyroid function in healthy population and total T4 and TSH to assess thyroid function in those with hypothyroidism or hyperthyroidism [11].

Establishing country and analytical platforms specific reference range seems important to ensure local own normal values for thyroid hormones [12]. TSH reference interval is needed to avoid over diagnosis of subclinical hypothyroidism in elderly.

Reference interval can be obtained directly from healthy people with a rigid exclusion criterion which is commonly used by kits manufacturers, but unfortunately, they are not local country population which can affect patients' management especially if we are talking on TSH and Free T4 in the diagnosis of subclinical and follow up of patients with clinical thyroid disease [3].

More easily, is to use the indirect method of obtaining database of large central laboratory to establish normal reference ranges for thyroid function, which is more simple and cheaper.

Trimester specific reference interval for thyroid function in pregnancy are already done in Basrah in 2016 [13].

The objectives of this study were to determine reference range, assay specific for serum free T4, total T4, total T3 and TSH among adult's healthy non pregnant cohort for Roche® platforms in Basrah (Southern Iraq) from single laboratory in a tertiary center using indirect approach of the available data.

2. METHODS

2.1 Design

A Cross sectional study to assess normal thyroid hormone reference interval in non-pregnant adults 19 years and above. They were apparently healthy and attain the center for routine check-up.

2.2 Setting

Faiha Specialized Diabetes, Endocrine and Metabolism Center (FDEMC), laboratories in Basrah (Southern Iraq). This is tertiary care center.

2.3 Participants

We analyzed all thyroid function tests done since August 2008 up to May 2020 [Fig.1]. Smoking status assessment includes never and ever smoker (former or current). BMI were divided into obese and non-obese.

From each patient 5 ml of venous blood taken for the time 9 am to 1 pm, regardless the meal time. Analyses were done in the same day of blood sampling.

47,610 TSH measured between August 2008 and May 2020

Samples from patents <19 years n= 13147

Samples from patients with DM n=13081

Samples from patients with positive any of thyroid antibodies n=6332

Samples from patients with thyroid surgery n= 1161

Samples with TSH <0.01 miclU/mL or >=10 miclU/mL n= 1105

Samples from patients with pituitary disease n= 696

Samples from patient with hypothyroidism on L-thyroxin n=1004

Samples from patients with hyperthyroidism on carbimazole n=384

Samples from Pregnant women , postpartum or abortion within 12 months n= 474

Samples from hospitalized patients with one month with minimum one day in hospital *n*=5

Samples from patients on amiodarone or anticonvulsants n=14

Samples from patients on oral contraceptive pills within three months of use n=48

Samples from patients with nodular goiter n= 81

10.078 TSH included for analysis

Fig. 1. Study flow chart

2.4 Exclusion Criteria

The following patients were excluded: Pregnant women, women on oral contraceptive pills, postpartum or abortion within 12 months, a history of hypothyroidism or using L-thyroxin, history of hyperthyroidism or using carbimazole ,TSH ≥10 µIU/mL or <0.01 µIU/mL, those with positive any of the thyroid antibodies, patients with diabetes mellitus, history of thyroid surgery, hospitalized patients within previous one month (minimum one day in hospital), patients with pituitary disease or amiodarone, anticonvulsants, and oral contraceptive pills within three months of use.

2.5 Laboratory Measurements

Sera were analyzed by using cobs e411 (Roche® analytical platform) analyzer automated chemiluminescent immunoassays (Roche Diagnostics, Mannheim, Germany).

The reference range quoted by manufacturer for TSH is 0.27-4.2 µIU/mL, for freeT4 is 0.93-1.7

ng/dL, total T4 is 5.1-14.1 µg/dL, and for total T3 is 0.8-2.0 ng/mL. The intra-assay imprecision of TSH is 0.1–4 µU/mL (5% CV) , for FT4 is 0.7-1.5 ng/dL (3% CV),for total T4 is 4.6-12.4 µg/dL (3% CV) and for total T3 is 1.6–6.5 ng/mL (3% CV).

2.6 Statistical Analysis

All Statistical analysis was done using SPSS version 23 (IBM Inc., Armonk, NY, USA). Regarding TSH, the persons were divided according to age group: 19-30, 31-40,41-50,51-60,61-70,71-80,81-90 and those older than 90 years.

The reference ranges were defined by the 2.5% and 97.5% percentiles of the modeled distribution for each group. Median also calculated. The frequency distribution curves of TSH concentration were calculated.

3. RESULTS

Total enrolled persons were 10,078 (Table-1). Age range 19-100 years. They were 7780

(77.2%) women and 2298 men. Of them 47.8% were obese and 702 (7.0%) smokers. Those above the age of 70 years were only 142 (1.4%) persons.

Table-2 shows TSH reference values in μ IU/mL (2.5th percentile, median, and 97.5th percentile) according to age group and gender. Higher TSH was seen among women in this study. In men the TSH range was 0.28-6.14 and in women it was 0.18 -6.60 (p<0.001). There is an increased in upper limit of TSH reference values with age in both genders, though not linear. The 95% reference intervals for TSH were 0.20-6.50 μ IU/mL while for kit manufacturer it was 0.27-4.2 μ IU/mL. There is increased upper limit of TSH reference values with age in both genders, though not linear.

Free T4 reference values in ng/dL (2.5th percentile, median, and 97.5th percentile) according to age group and gender were presented in Table-3. Higher level of free T4 in men than women. For men the range was 0.80-1.72 and for women 0.80-1.70 (p<0.001). There was no increase in free T4 with age. The 95% reference interval for free T4 was 0.8-1.70 ng/dL, while for kit manufacturer it was 0.93-1.70 ng/dL.

The total T4 reference values in $\mu g/dL$ (2.5th percentile, median, and 97.5th percentile) according to age group and gender are present in Table -4. Higher level of total T4 was seen in women. For men it was 1.46-13.22 and for women it was 4.13-15.90 (p=0.001). The Median total T4 did not increase, though the upper limit was significantly decreasing with age, which was more prominent in female gender. The 95% reference intervals for total T4 were 3.78-15.33 $\mu g/dL$ which is widely ranged because of

increase upper limit, while for kit manufacturer it was $5.10-14.10 \mu g/dL$.

Total T3 reference values in ng/mL (2.5th percentile, median, and 97.5th percentile) according to age group and gender. Higher level of total T3 seen in women (Table -5). For men it ranged 0.70-2.06 and for women 0.80-2.54 (p=0.002). Both the median and upper limits of T3 decreased with age significantly. The 95% reference intervals for total T3 were 0.80-2.50 ng/mL while for kit manufacturer it was 0.80-2.00 ng/mL.

Normal distribution curve for women and men are present in Fig. 2 (a and b).

97.5th percentile distribution of TSH reference values is present in Fig. 3.

4. DISCUSSION

There are a lot of problems with automated immunoassay platforms of serum free T4, total T4, and total T3 especially with a low level [14]. For that reason, some suggested LC-MSMS thyroid hormone measurement for those hypothyroidism patients with target TSH, free T4, total T4, and total T3 and continued symptoms of hypothyroidism. In this situation using LC-MSMS may show low level of free T4, total T4, and total T3. However, thyroid hormone estimation by LC-MS/MS is expensive, needs a lot of expertise and cumbersome.

This study represented a large sample for age and gender specific reference intervals for thyroid hormones in apparently health population from Basrah (Southern Iraq) with no previous thyroid disease or thyroid autoimmunity.

Variables No. (%) Women 7780(77.2) Gender Men 2298(22.8) Age median(range) in years 36(19-100) BMI* Mean ±SD 30.38±7.54 2396(24.6) N=9755 Normal Over weight 2692(27.6) 4667(47.8) Obese Smoking Ever smokers (former or current) 702(7.0) Non-smokers state 9376(93) 10,078 Total

Table 1. Baseline characteristics

^{*323} persons were without BMI measurement due to individual causes like wheelchaired.

Table 2. TSH reference values in µIU/mL (2.5 percentile, median, and 97.5 percentile) according to age group and gender

Age Years			Men			1	Vomen		Total				
	Total No.	2.5 th centile	Median	97.5 th centile	Total No.	2.5 th centile	Median	97.5 th centile	Total No.	2.5 th centile	Median	97.5 th centile	
19-30	664	0.50	2.00	6.12	2832	0.40	1.94	6.70	3496	0.40	1.96	6.56	
31-40	640	0.20	1.50	5.50	2064	0.13	1.80	6.30	2704	0.17	1.70	6.16	
41-50	544	0.21	1.50	6.34	1584	0.10	1.70	6.74	2128	0.10	1.67	6.60	
51-60	259	0.20	1.44	6.53	843	0.10	1.70	6.90	1102	0.13	1.60	6.70	
61-70	133	0.11	1.70	6.56	373	0.08	1.60	7.17	506	0.09	1.60	7.03	
71-80	48	0.50	1.69	8.13	64	0.01	1.25	7.21	112	0.01	1.46	7.95	
>80	10	0.05	2.62	6.8	20	0.20	1.57	6.0	30	0.05	2.03	6.80	
Total No.	2298	0.28	1.60	6.14	7780	0.18	1.80	6.60	10078	0.20	1.80	6.50	

Table 3. Free T4 reference values in ng/dL (2.5 percentile, median, and 97.5 percentile) according to age group and gender

			Men		Women					Total			
Age Years	Total No.	2.5 th centile	Median	97.5 th centile	Total No.	2.5 th centile	Median	97.5 th centile	Total No.	2.5 th centile	Median	97.5 th centile	
19-30	252	0.90	1.30	1.77	1138	0.80	1.20	1.76	1390	0.80	1.20	1.74	
31-40	255	0.80	1.22	1.89	884	0.80	1.13	1.70	1139	0.80	1.20	1.70	
41-50	200	0.80	1.20	1.80	662	0.71	1.10	1.71	862	0.75	1.13	1.72	
51-60	103	0.58	1.13	1.70	381	0.71	1.10	1.68	484	0.70	1.10	1.70	
61-70	49	0.79	1.10	1.77	145	0.75	1.20	1.85	194	0.78	1.16	1.80	
71-80	27	0.70	1.20	2.00	27	0.71	1.20	1.70	54	0.70	1.20	1.89	
>80	6	1.10	1.35	1.70	4	0.98	1.22	1.40	10	0.98	1.30	1.70	
Total No.	892	0.80	1.20	1.72	3241	0.80	1.15	1.70	4133	0.80	1.20	1.70	

Table 4. Total T4 reference values in µg/dL (2.5 percentile, median, and 97.5 percentile) according to age group and gender

			Men			1	Nomen		Total				
Age Years	Total No.	2.5 th centile	Median	97.5 th centile	Total No.	2.5 th centile	Median	97.5 th centile	Total No.	2.5 th centile	Median	97.5 th centile	
19-30	52	0.93	8.10	12.80	250	1.42	8.90	17.45	302	1.34	8.70	17.07	
31-40	41	1.62	7.50	15.11	198	4.69	8.40	15.93	239	4.20	8.40	15.31	
41-50	52	2.48	8.20	13.94	145	3.96	8.20	14.39	197	4.08	8.20	14.21	
51-60	14	1.20	9.35	10.80	64	3.59	8.36	14.68	78	2.37	8.48	12.71	
61-70	14	1.40	7.35	11.9	27	5.20	7.60	13.40	41	1.59	7.60	13.33	
71-80	6	6.00	8.35	9.67	5	6.90	8.90	11.40	11	6.00	8.40	11.40	
>80	2	10.85	11.28	11.7	0	NA	NA	NA	2	10.85	11.28	11.70	
Total No.	181	1.46	8.10	13.22	689	4.13	8.50	15.90	870	3.78	8.40	15.33	

Table 5. Total T3 reference values in ng/mL (2.5 percentile, median, and 97.5 percentile) according to age group and gender

			Men			· ·	Women		Total				
Age Years	Total No.	2.5 th centile	Median	97.5 th centile	Total	2.5 th centile	Median	97.5 th centile	Total No.	2.5 th centile	Median	97.5 th centile	
19-30	64	0.51	1.30	1.81	309	0.87	1.40	2.73	373	8.0	1.40	2.60	
31-40	79	0.70	1.30	2.20	255	0.80	1.31	2.64	334	0.80	1.30	2.45	
41-50	66	0.60	1.24	3.92	187	0.80	1.30	2.33	253	0.80	1.30	2.46	
51-60	30	0.70	1.28	1.90	89	0.80	1.20	2.25	119	0.73	1.21	2.10	
61-70	19	0.70	1.20	1.60	49	0.64	1.20	5.33	68	0.68	1.20	3.11	
71-80	8	0.80	1.22	2.84	10	0.90	1.04	1.43	18	0.80	1.09	2.84	
>80	3	1.10	1.15	1.30	2	0.80	1.09	1.38	5	0.80	1.15	1.38	
Total No.	269	0.70	1.29	2.06	901	0.80	1.30	2.54	1170	0.80	1.30	2.50	

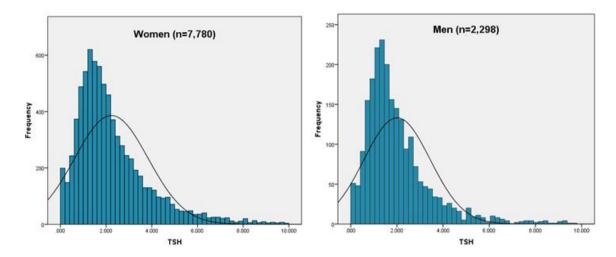


Fig. 2-a,2-b. Normal distribution curve for TSH

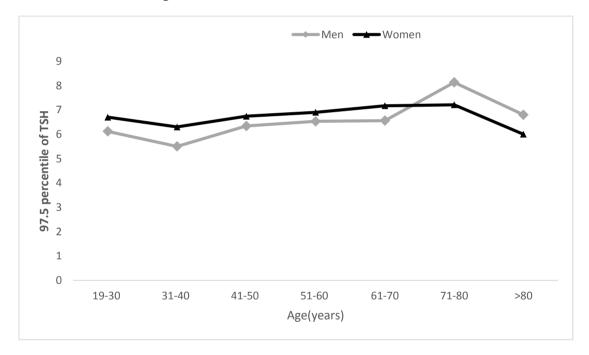


Fig. 3. 97.5th percentile distribution of TSH values in different ages

The upper limit of TSH increased with age, though not linear, while free T4 and total T4 do not increase with age in our study; on the other hand, the upper limits for both T3 and T4 together with the median level of T3 decreased significantly with age. Furthermore, we found higher TSH, total T4 and total T3 among women than men, while men have higher level of free T4.

As reported earlier by others, we found that median and upper limit of TSH were higher in women [15, 16]. Free T4 remained stable with age; total T4 does not increase with age and total

T3 decrease with age. Previous data showed that total T4 remain stable or increase where's total T3 decrease with age [9]. Except for free T4, all thyroid hormones were higher in women in this study.

Our findings are similar to a Sudanese study [17], where women had significantly higher level of TSH and free T4 but no difference in total T3.TSH was also higher in women in large recent study from France [16].

In one study from UAE published in 2006 [18], among 959 ambulatory persons, reference

interval not affected by age or gender with TSH 0.30-4.32 mU/L and FreeT4 0.76-1.44 ng/dL, which differs from other countries and manufacturer's reference intervals using the same platform (Abbott Architect i2000 immunoassay analyzer).

The reference interval for TSH was 0.18-6.60 µIU/MI, which is totally different from kit manufacturer values of 0.27-4.2 µIU/mL. In one smaller study on 337 persons from Saudi Arabia ,TSH reference range was similar to kit manufacturer[19].

Study limitation: The majority of our study population were aged 70 year and below. Smaller sample for age above 70 years (1.4%) makes the interpretation of thyroid hormones in elderly in this study not clear and may explain nonlinear increase in upper limit of TSH with age.

lodine status is unknow in Iraq, which may affect thyroid function and hormone estimation.

5. CONCLUSION

We established new reference range for thyroid hormones in adults. The 95% reference intervals for TSH, FT4, total T4, and total T3 were 0.20-6.50 µIU/mL, 0.80-1.70 ng/dL, 3.78-15.33 µg/dL, and 0.80-2.50 ng/mL respectively in Basrah, Iraq. Thyroid Roche Diagnostics kits normal values applicable to Iragi are not population. Interpretation of thyroid hormone results should be made in the context of analytical platform type beside other variables, which affect those values like age and gender. Using these new reference values will reclassify a lot of blood samples used for thyroid function tests.

CONSENT

As per international standard or university standard, patient's written consent has been collected and preserved by the author(s).

ETHICAL APPROVAL

The study protocol approved by ethical committee from FDEMC.

ACKNOWLEDGEMENT

The authors acknowledge all the medical staff of Faiha Specialized Diabetes, Endocrine and Metabolism Center (FDEMC) for their support.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

REFERENCES

- Manji N, Boelaert K, Sheppard MC, Holder RL, Gough SC, Franklyn JA. Lack of association between serum TSH or free T4 and body mass index in euthyroid subjects. Clin Endocrinol (Oxf). 2006;64(2): 125-8.
- 2. Surks MI, Boucai L. Age- and race-based serum thyrotropin reference limits. J Clin Endocrinol Metab. 2010;95(2):496-502.
- Wang Y, Zhang YX, Zhou YL, Xia J. Establishment of reference intervals for serum thyroid-stimulating hormone, free and total thyroxine, and free and total triiodothyronine for the Beckman Coulter DxI-800 analyzers by indirect method using data obtained from Chinese population in Zhejiang Province, China. J Clin Lab Anal. 2017;31(4).
- 4. Raverot V, Bonjour M, Abeillon du Payrat J, Perrin P, Roucher-Boulez F, Lasolle H, et al. Age- and Sex-Specific TSH Upper-Limit Reference Intervals in the General French Population: There Is a Need to Adjust Our Actual Practices. J Clin Med. 2020:9(3):792.
- Tozzoli R, D'Aurizio F, Metus P, Steffan A, Mazzon C, Bagnasco M. Reference intervals for thyrotropin in an area of Northern Italy: the Pordenone thyroid study (TRIPP). J Endocrinol Invest. 2018;41(8):985-94.
- Park SY, Kim HI, Oh HK, Kim TH, Jang HW, Chung JH, et al. Age- and genderspecific reference intervals of TSH and free T4 in an iodine-replete area: Data from Korean National Health and Nutrition Examination Survey IV (2013-2015). PLoS One. 2018;13(2):e0190738.
- Mirjanic-Azaric B, Avram S, Stojakovic-Jelisavac T, Stojanovic D, Petkovic M, Bogavac-Stanojevic N, et al. Direct Estimation of Reference Intervals for Thyroid Parameters in the Republic of Srpska. J Med Biochem. 2017;36(2):137-44.
- 8. Brown SJ, Bremner AP, Hadlow NC, Feddema P, Leedman PJ, O'Leary PC, et al. The log TSH-free T4 relationship in a community-based cohort is nonlinear and is influenced by age, smoking and thyroid

- peroxidase antibody status. Clin Endocrinol (Oxf). 2016;85(5):789-96.
- Jonklaas J, Razvi S. Reference intervals in the diagnosis of thyroid dysfunction: treating patients not numbers. The Lancet Diabetes & Endocrinology. 2019;7(6):473-83
- Barth JH, Luvai A, Jassam N, Mbagaya W, Kilpatrick ES, Narayanan D, et al. Comparison of method-related reference intervals for thyroid hormones: studies from a prospective reference population and a literature review. Ann Clin Biochem. 2018;55(1):107-12.
- 11. Li H, Yuan X, Liu L, Zhou J, Li C, Yang P, et al. Clinical evaluation of various thyroid hormones on thyroid function. Int J Endocrinol. 2014;2014: 618572.
- 12. Sriphrapradang C, Pavarangkoon S, Jongjaroenprasert W, Chailurkit LO, Ongphiphadhanakul B, Aekplakorn W. Reference ranges of serum TSH, FT4 and thyroid autoantibodies in the Thai population: the national health examination survey. Clin Endocrinol (Oxf). 2014;80(5):751-6.
- 13. Almomin AMS, Mansour AA, Sharief M. Trimester-specific reference intervals of thyroid function testing in pregnant women from Basrah, Iraq using

- electrochemiluminescent immunoassay. Diseases, 2016;4(2);20.
- Welsh KJ, Soldin SJ. Diagnosis of endocrine disease: How reliable are free thyroid and total T3 hormone assays? Eur J Endocrinol. 2016;175(6):R255-R63.
- Razvi S, Bhana S, Mrabeti S. Challenges in Interpreting Thyroid Stimulating Hormone Results in the Diagnosis of Thyroid Dysfunction. J Thyroid Res. 2019;2019:4106816.
- Liu JL, Chu KY, Gabrielson AT, Wang R, Trost L, Broderick G, et al. Restorative Therapies for Erectile Dysfunction: Position Statement From the Sexual Medicine Society of North America (SMSNA). Sexual Medicine. 2021;9(3).
- 17. Musa IR, Ali NI, Elseed SA, Osman OE, Adam I. Reference intervals of thyroid hormones in Khartoum, Sudan. BMC Res Notes. 2018;11(1):729.
- Dhatt GS, Griffin G, Agarwal MM. Thyroid hormone reference intervals in an ambulatory Arab population on the Abbott Architect i2000 immunoassay analyzer. Clin Chim Acta. 2006;364(1-2):226-9.
- 19. Jammah AA, Alshehri AS, Alrakhis AA, Alhedaithy AS, Almadhi AM, Alkwai HM, et al. Characterization of thyroid function and antithyroid antibody tests among Saudis. Saudi Medical Journal. 2015;36(6):692-7.

© 2021 Alibrahim et al.; This is an Open Access article distributed under the terms of the Creative Commons Attribution License (http://creativecommons.org/licenses/by/4.0), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Peer-review history:
The peer review history for this paper can be accessed here:
https://www.sdiarticle4.com/review-history/73747