

*Review of  
Clinical Pharmacology  
and Pharmacokinetics*

ΕΠΙΘΕΟΡΗΣΗ ΚΛΙΝΙΚΗΣ ΦΑΡΜΑΚΟΛΟΓΙΑΣ ΚΑΙ ΦΑΡΜΑΚΟΚΙΝΗΤΙΚΗΣ  
ΕΠΙΘΕΩΡΗΣΗ ΚΛΙΝΙΚΗΣ ΦΑΡΜΑΚΟΛΟΓΙΑΣ ΚΑΙ ΦΑΡΜΑΚΟΚΙΝΗΤΙΚΗΣ  
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## Letter from Guest Editor

The progress and contributions of 20<sup>th</sup> century pharmacology has been immense with over 20 pharmacologists to have received Nobel Prizes. This field of medical studies covers many areas; it is built upon and at the same time incorporates many disciplines such as biochemistry, biology physiology, pathology, anatomy, molecular biology, while the development of new analytical and experimental techniques and instruments has given a new boost in pharmacological research. Yet, although a remarkable progress has been made in developing new drugs and in understanding how they act, the challenges are endless. Integrating a depth of knowledge in many related scientific disciplines, pharmacologists offer a unique perspective to solving drug and chemical related problems which impinge on human health, with ultimate goal the treatment and prevention of major diseases.

The 5<sup>th</sup> Panhellenic Congress of Pharmacology focuses on four *hot* subjects: Regenerative Pharmacology, Herbal Medicines, Pharmacology of Abuse and Dependence, and Education in Pharmacology.

- *Regenerative Pharmacology* is one of the newest areas in Pharmacology, represents a groundbreaking field of research and has the potential to radically alter the treatment of diseases and disorders.

- *Herbal Medicines* have acquired an important percentage among the drug used; according to WHO 80% of people worldwide rely on herbal medicines for some aspect of their primary health care. This continuously increasing use of plant medicines imposes the need for establishing new regulations.

- *Pharmacology of Abuse and Dependence*, still not a well defined area, presents a lot of challenge for researchers and clinicians.

- *Education in Pharmacology* remains a hot subject in the Medical education, following the knowledge *explosion* of the last decades accompanied by a decreasing reliance on didactic teaching. The crucial question is: how and what should we teach?

We hope that the round table discussions along with the invited lectures, included in this abstract book, will raise new and intriguing ques-

tions that will further stimulate research, and will contribute to new therapeutic approaches and attitudes.

I would like to thank the Editorial Board of *Review of Clinical Pharmacology and Pharmacokinetics* in particular Journal Editors Prof. S.T. Plessas and Dr C.T. Plessas for invitation and for providing the suitable and high-standard forum through which new research findings will become available to the scientific community.

*The Guest Editor*

*Charis Liapi*

Assist. Professor in Pharmacology  
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## Study of the Effect of Statin Antilipidemic Therapy on the Thyroid

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**Key words:** HMG-CoA reductase inhibitors, thyroid, ultrasound, levothyroxine

**S u m m a r y:** To study the purported effect of statins on thyroid morphology (smaller size and less nodularity vis-à-vis controls) we studied 71 patients on levothyroxine, 31 of which were also on statins. No effect of statin therapy, superimposed on that of levothyroxine, was noted, neither on thyroid gland size nor on nodularity.

### INTRODUCTION

Lovastatin (a competitive inhibitor of HMG-CoA reductase) blocks growth but not differentiation in FRTL-5 rat thyroid lines and exerts antiproliferative and/or proapoptotic activity in proliferating thyroid cells through inhibition of protein prenylation (1). Recently it was postulated that antilipidemic therapy with statins has an effect favorable to the regression of thyroid gland dimensions but also to the reduction in the size and number of thyroid nodules (2). Levothyroxine is commonly used for the treatment of goiter and/or nodular thyroid disease.

### SUBJECTS AND METHODS

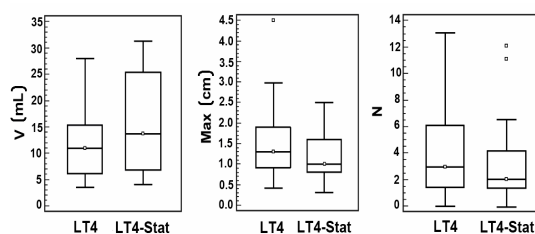
To evaluate the possibility of an additive effect of statins to that of levothyroxine we studied 71 women (mean age  $\pm$  standard deviation:  $56 \pm 9$  years) suffering from goiter and/or thyroid nodular disease under treatment with levothyroxine, of which 31 also were under therapy with statins (all treatments given for at least three years). The number of studied patients was sufficient to obtain a significant result at the 5% level with a statistical power of 80% for a retrospective study (3), supposing an effect of statins equal to that described by Cappelli et al. (2). We compared, using the Kruskal-Wallis statistic, thyroid volume by ultrasound and also the number of thyroid nod-

ules and the maximum size of nodules between patients only under levothyroxine with these of patients under levothyroxine and statins.

### RESULTS AND DISCUSSION

We did not note any statistically important differences between the two groups neither in volume, nor in number of thyroid nodules or maximum size of nodules (all  $p > 0.10$ ; Figure).

Therefore, it appears that if there is an effect of statins on the thyroid gland this one is not additive to that of levothyroxine.



**Figure:** Median values and 25%-75% quartiles of thyroid volume (V) by ultrasound ( $4/3\pi \cdot d1 \cdot d2 \cdot d3$ ), maximum thyroid nodule size (Max) and number of thyroid nodules (N) in patients only under levothyroxine (LT4) and patients under levothyroxine and statins (LT4-Stat)

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