



Maternal lodine Supplementation: Clinical Trials and Assessment of Outcomes September 22–23, 2014

PRESENTATION ABSTRACT

Maternal lodine Status in Regions of Moderate or Mild lodine Deficiency

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Abstract

An important area of generalized mild-to-moderate iodine deficiency is Europe (population around 590 million). In this area 350 to 400 million currently have no access to or are not utilizing iodized salt. In almost half the countries in Europe iodine status is subnormal during gestation. The frequency of iodine supplementation in pregnancy varies and, even when supplementation is given, adequate iodine status (as measured by urinary iodine) is not always obtained. Although there are robust data indicating the benefits of iodine supplementation in areas of severe deficiency, the data in areas of mild deficiency are weaker. Iodine supplementation improves some maternal thyroid indices and may benefit aspects of cognitive function in school-age children, even in marginally iodine deficient areas. However, data are sparse for randomized controlled trials (RCTs) examining iodine supplementation and offspring cognitive development. The question of screening for maternal thyroid function in early gestation is germane to this topic and will be examined by reference to the Controlled Antenatal Thyroid Screening (CATS) Study, which in fact showed no benefit of screening and thyroxine intervention on offspring cognitive outcome at 3 years.

References

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