



Response: Are thyroid abnormalities only related to antipsychotic treatment in patients with severe mental disorders?



Dear Editor,

Bou Khalil and Richa have in a letter to the editor (Bou Khalil and Richa, 2018) commented on our recent article assessing thyroid function in a large cross-sectional sample of patients with severe mental disorders (Vedal et al., 2018). We acknowledge their valuable information added on the topic. Their overall conclusion is that neither the independent contribution from the psychiatric disorders *per se* nor the antipsychotic treatment can sufficiently explain the thyroid abnormalities observed in patients with psychotic disorders. As mentioned by Bou Khalil and Richa, underlying explanatory factors may also include gene-environment interactions.

The results from our study emphasize the complexity of the topic and suggest that no single factor alone can explain the thyroid abnormalities. We show that both diagnosis of a psychotic disorder and certain antipsychotic treatments are of importance. We agree that inclusion of genetic variation, e.g. polygenic risk scores would have strengthened our study. With our large sample size we may have enough power to reliably detect genetic factors, and aim to include such factors in future studies. Genetic factors may also help in illuminating the role of thyroid function in severe mental disorders.

Declaration of interest

Ole A. Andreassen has received speaker's honorarium from Lundbeck. Espen Molden has received speaker's honorarium from Lundbeck and Lilly. Kåre I. Birkeland has received grants to his institution for research, lecturing and consulting from AstraZeneca, Novo Nordisk, Sanofi, Lilly, Boehringer Ingelheim and Merck Sharp & Dohme.

References

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