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LETTER

Analysis of Prevalence of Thyroid Nodules and Related Factors in Physical Examination Population in a Hospital in Jinan [Letter]

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Dear editor

I have recently perused the article written by Meng et al entitled "Prevalence and Related Factors of Thyroid Nodules in Physical and Examination Population in a Level-A Hospital in Jinan",¹ which was published in the Journal of Multidisciplinary Healthcare. This study reaches the conclusion that gender, age, and occupation are the primary factors influencing the formation of thyroid nodules (TNs). I extend my sincerest gratitude to the authors for their invaluable contribution and would like to offer a few suggestions for consideration.

First, the research conducted a comprehensive statistical analysis to determine the occurrence of thyroid nodules among medical professionals and general healthy population. Furthermore, it employed multivariate logistic regression analysis to delve into the potential risk factors that are linked to the development of TNs. This process not only enhances our understanding of the condition but also provides valuable insights into the prevention and management strategies for this commonly encountered disease in clinical practice.

However, this study did not go further into multivariate analysis to account for potential confounding variables, which I believe is an area for deeper exploration. Age, occupation, emotional well-being, and lifestyle habits are known to exert significant influence on thyroid health.² A test suggested that stress and psychological factors have been linked to alterations in the hypothalamic-pituitary-thyroid axis,³ potentially affecting thyroid function and nodule formation. If these variables are included in logistic regression model, the risk factors associated with TNs can be carefully identified by excluding confounding factors.

Second, while the study performed subgroup analyses based on age, gender, and occupation, there is room for more stratification. Features such as education level, psychological status, and dietary habits could offer additional insights.⁴ More detailed stratified analyses could enhance the utility of findings as well as provide actionable information for clinical practice, particularly in tailoring preventive measures and early interventions for high-risk groups.

In addition, due to the homogeneity of samples, the trail being limited to one center may lead to selection bias. Patient demographics can vary across geographic settings as well as socioeconomic conditions, reducing the reliability of final results. In the future, multi-center trials could be conducted to effectively avoid bias and improve the validity and generalisability of outcomes.

Surprisingly, this paper has a special focus on healthcare workers, emphasizing the need for heightened awareness and proactive health management among individuals in high-stress professions. The implications of occupational stress on thyroid health warrant further exploration, particularly in light of the growing body of evidence linking psychosocial factors to endocrine disorders.⁵ Initiatives to mitigate the impact of occupational stress, such as stress management programs and work-life balance policies, could be pivotal in reducing the incidence of TNs among at-risk groups.

I eagerly anticipate the continuation of this research trajectory, which has the potential to significantly inform clinical practices and public health strategies aimed at alleviating the healthcare burden related to TNs.

Disclosure

The author reports no conflicts of interest in this communication.

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