

Research Article**Knowledge, Awareness and Practices (KAP) among Patients with Thyroid Swelling Attending Cytology Clinic in a Medical College, Meerut**Ashutosh Singh^{1*}, Beena Sachan², Nisha P. Malik³, V.K. Sharma⁴, Nidhi Verma³, C.P.Singh⁵¹Senior Resident, Department of Transfusion Medicine, SGPGIMS, Lucknow, UP, India² Assistant Professor, Department of Community medicine, Era's Lucknow Medical College & Hospital, Lucknow, UP, India³Assistant Professor, Department of Pathology LLRM Medical College Meerut, U.P., PIN- 250001, India⁴ Professor, Department of Pathology LLRM Medical College Meerut, U.P., PIN- 250001, India⁵ Professor, Department of Surgery, LLRM Medical College Meerut, U.P., PIN- 250001, India***Corresponding author**

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Abstract: Thyroid disorders are believed to be a common health issue in India, as it is worldwide. However, there is a paucity of data on the Knowledge, Awareness and Practices (KAP) among these patients. A cross-sectional study was conducted in Medical College, Meerut. Total 200 patients were evaluated during the period from 2011 to 2012. Total 200 patients with thyroid swelling were evaluated. Sixty percent patients did not know that thyroid is a normal gland in body while 50% did not know about hyper/hypothyroidism. There are many misconceptions regarding thyroid disorder like 79.5% patients thought that hypothyroidism cause excessive weight gain. This study shows that patients with thyroid disorder lack knowledge. Education should take place at all levels and should include doctors and decision makers, health workers, citizen groups. The results of this study will help the physician to concentrate on these specific issues during their interaction with the patients.

Keywords: Thyroid, hypothyroidism, knowledge, Awareness, Practices

INTRODUCTION

Thyroid disorders are very common in India [1]. This study was conducted because of the observation by clinical staff that there was lack of knowledge and many misconceptions regarding thyroid gland and its disorder. We conducted a study to assess the knowledge, awareness and practices among patients with thyroid disorder.

MATERIALS AND METHODS

A detailed questionnaire was prepared and given to patients who had attended Fine Needle Aspiration Cytology laboratory (FNAC lab) in department of pathology, L. L. R. M. Medical College Meerut, U.P., India. Total 200 patients were evaluated during the period from 2011 to 2012. In case of children (juvenile hypothyroidism) the parents of the child were asked to fill up the questionnaire. The patients answered the questionnaire when they were waiting in the FNAC lab.

RESULTS

In this study we observed that large number of patients had lack of knowledge about thyroid gland and its disorder. Out of 200 patients only 120 patients (60%) had correct knowledge that thyroid is normal gland in neck. While only 100 patients (50%) knew about hyper or hypothyroidism. Number of responses regarding symptoms is given in table 2.

There are many misconceptions regarding thyroid disorder. There were 159 responses (79.5%) for excessive weight gain in case of hypothyroidism. About 119 patients (59.5%) had no idea about avoidance of cabbage, cauliflowers and soya in hypothyroidism. Seventy four patients (37%) had belief that thyroid medication should be stopped during pregnancy while 80 patients (40%) thought that thyroid medication can be stopped once thyroid test are normal. Large number of patients (117 i.e.58.5%) thought that thyroid deficiency could be treated using iodized salt. Seventy patients (35%) had belief in alternative medicine like yoga, unani, siddha. For treatment monitoring only 76 patients (38%) had given correct response (Table 4).

Table 1: Knowledge of "terminologies"

Questions	No. of correct responses	No. of incorrect responses	No response or Don't know
"Thyroid" meaning	120(60%)	72(36%)	04(2%)
"Hyper/Hypothyroidism" meaning	100(50%)	88(44%)	12(6%)

Table 2: Number of people who thought the following symptoms were related to hyper/hypothyroidism

Question	Number of responses
a. Weight gain	159
b. Irregular menstrual cycles	129
c. Hair fall	112
d. Sore throat, neck pain, joint pain	105
e. Depression	99
f. Voice change	80
g. Constipation/ Diarrhea	79
h. Skin problems	21
i. Infertility	15
j. No symptoms	5

Table 3: Common misconceptions regarding hyper/hypothyroidism

Questions	YES	NO	Don't know
a. Hypothyroidism causes excessive weight gain.	159(79.5%)	39(19.5%)	02(01%)
b. Cabbages, cauliflowers, soya should be avoided in hypothyroidism.	59(29.5%)	119(59.5%)	22(11%)
c. Thyroid medications should be stopped during pregnancy	74(37%)	87(43.5%)	39(19.5%)
d. Thyroid medications can be stopped once thyroid tests are normal	80(40%)	111(55.5%)	09(4.5%)
e. Thyroid deficiency can be treated using iodized salt	117(58.5%)	81(40.5%)	02(01%)
f. Alternative medicines can cure thyroid problems	70(35%)	121(60.5%)	09(4.5%)

Table 4: Knowledge about treatment monitoring

Responses	Test for monitoring treatment	
	No.	%
correct response	76	38.0
Incorrect response	74	37.0
Don't know	50	25.0

DISCUSSION

In general, the patients with thyroid disorder had inadequate knowledge of thyroid gland, & associated disorders. These findings are similar to those obtained by previous authors [2,3]. Patients should be educated for the various symptoms of thyroid disorders. Patients commonly attribute any symptom like sore throat in relation to neck is due to thyroid.

Thyroid disorder screening should be a part of their routine health screen after the age of 35 years, peri and postmenopausal women, child bearing women and pregnancy and post-partum period [4-7]. There is common misconception of excessive weight gain and obesity with hypothyroidism. In present study 79.5% patients thought that hypothyroidism causes excessive weight gain while it is a well known that primary hypothyroidism do not cause an increase in weight of more than 2-3 kg though a symptom of "feeling heavy" is common among patients [8]. Patients need to be educated that thyroid medication should not be stopped

during pregnancy and apart from iodine deficiency there are immunological causes (Hashimoto's thyroiditis) resulting in hypothyroidism. Patients should also be educated for tests for treatment monitoring and long term nature of treatment.

Factors which are contributing lack of knowledge among patients are: a) Lack of qualified physicians, b) Low doctor and patients ratio which lead to less time spent by doctors on patients education, c) Because of illiteracy patients are unable to extract information available on electronic and print media.

Therefore, an aggressive campaign is required to make the community, health workers, and policy makers aware of the consequences and prevalence of thyroid disorders. The use of local mass media could be considered during the awareness-creation campaigns, since they proved to be effective in increasing the use of iodized salt in Turkey [9]. The results of this study will

help the physician to concentrate on these specific issues during their interaction with the patients.

CONCLUSION

This study shows that patients with thyroid disorder lack knowledge. Education should take place at all levels and should include doctors and decision makers, health workers, citizen groups. Furthermore, messages regarding thyroid and its disorders should be included in the curriculum of primary schools, secondary schools, high schools, colleges and universities.

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