observed in the present study is due to inositol depletion or
to the avoidance of allergenic foods, the results suggest that
some patients with bipolar disorder respond to dietary
modifications.


High iodine intake
associated with thyroiditis
and hypothyroidism

Salt has been iodized in
China since 1996, resulting in an
increase in iodine intake
throughout the country. In a
1999 study, researchers observed
an increase in the prevalence of
autoimmune thyroiditis, overt
hypothyroidism, and subclinical
hypothyroidism with increasing
iodine intake in cohorts from
three regions of China with
different levels of iodine intake:
“mildly deficient” (median
urinary iodine excretion, 84 mcg/L), “more than adequate”
(median, 243 mcg/L), and “excessive” (median, 651 mcg/L).
Of the 3,761 subjects enrolled in the original study, 3,018
(80.2%) participated in a five-year, follow-up study. During
the follow-up period, among subjects with mildly deficient
iodine intake, more than adequate intake, and excessive
intake, the cumulative incidence of autoimmune thyroiditis
was 0.2%, 1.0%, and 1.3%, respectively; that of subclinical
hypothyroidism, 0.2%, 2.6%, and 2.9%, respectively; and that
of overt hypothyroidism, 0.2%, 0.5%, and 0.3%, respectively.
The differences in incidence for mildly deficient vs. more than
adequate or excessive intake were statistically significant for
autoimmune thyroiditis (p = 0.01 to 0.03) and for subclinical
hypothyroidism (p < 0.001). The authors concluded that more
than adequate or excessive iodine intake may lead to
autoimmune thyroiditis and hypothyroidism.

Comment: Iodine deficiency remains an important
problem in some parts of the world, and iodine intake should
be increased in people whose intake is inadequate. High-dose
iodine therapy also has a role in clinical medicine, particularly
in the treatment of fibrocystic breast disease. However, people
taking large amounts of iodine should be monitored for the
development of thyroid abnormalities.


N-acetylcysteine for polycystic ovary syndrome

One hundred-fifty overweight or obese infertile women
(mean age, 29 years; range, 18-39 years) with polycystic ovary
syndrome (PCOS) who had failed to ovulate after treatment
