

Preface

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Hypothyroidism is a prevalent health issue in Nepal, with studies indicating high rates of subclinical and clinical cases, particularly among women and in hospital-based settings. While Nepal has successfully addressed iodine deficiency, a shift towards iodine excess, along with autoimmune factors (Hashimoto's thyroiditis), contributes to the rising burden of hypothyroidism.¹ Community studies suggest roughly 4.3% prevalence, while hospital-based studies report significantly higher figures, with some studies showing thyroid disorders in up to 39.3% of patients.²

Hyperthyroidism in Nepal is a significant, growing endocrine health concern, often presenting alongside hypothyroidism as part of a high burden of thyroid disorders, with prevalence rates sometimes reported around 17–24% in hospital-based studies. While historically iodine-deficient, Nepal's shift toward excess iodine supplementation is linked to rising cases.²

Most of clinicians in Nepal are confused with various western guidelines and recommendation for the management of hypothyroidism and hyperthyroidism. But with the perfect complied “SAFES Clinical Practice Recommendations for Hypothyroidism and Hyperthyroidism” guidelines including robust evidence with clinical acumen, this supplement aims to close the gap between what we know and what we do. It serves not only as a clinical resource but as a call to action to move beyond hesitation and adopt both guidelines with the consistency among clinicians of the Nepal. I would like to congratulate Sarita Bajaj mam, my friend Dina Shrestha and their team for such novel initiative and my sincere gratitude for publishing in JDEAN.

References

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Foreword

It gives us immense pleasure to write the foreword for “SAFES Clinical Practice Recommendations for Hypothyroidism and Hyperthyroidism”. Among thyroid disorders hypothyroidism and hyperthyroidism are the most prevalent endocrine conditions globally, yet their management leaves much to be desired. The widely available facility of thyroid hormone assays across SAFES countries have added to the confusion.

This comprehensive work provides an up-to-date review by distinguished authors from across SAFES countries. Their commitment, academic rigour, and clarity of presentation are commendable.

We are confident that these guidelines will serve as an invaluable resource for primary care physicians while offering valuable insights for endocrinologists, subspecialists, trainees, and postgraduate students at every level.

**Sarita Bajaj
Dina Shrestha**

Acknowledgement

Publishing the “SAFES Clinical Practice Recommendations for Hypothyroidism and Hyperthyroidism” is in every way a collaborative effort. Our utmost thanks to the Executive Committee of SAFES for entrusting us with this responsibility.

We have assembled an outstanding group of authors, Dr Dimuthu Muthukuda, Dr Chandrika Subasinghe, Dr Nazmul K Qureshi, Dr Tharanga Samarasekara, Dr Amit Shakya, Dr Prajaya Shikhar Shrestha, Dr Faria Afsana and Dr Shehla Shaikh;

all recognized as leaders in their field and who have balanced their many other obligations to help prepare the guidelines.

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