ISSN: 2684-4273 \_\_\_\_\_\_ Open Access

# Thyroid Dysfunction and Mental Health: Unraveling the Biopsychosocial Link

#### **Kyuri Inoue\***

Department of Endocrinology and Metabolic Diseases, Medical University of Sofia, St. Georgi Sofiyski Blvd., Sofia, Bulgaria

#### Introduction

Thyroid dysfunction, whether in the form of hypothyroidism or hyperthyroidism, has long been associated with a range of mental health symptoms, highlighting the critical connection between thyroid function and psychological well-being. The thyroid gland, responsible for regulating metabolism through the secretion of thyroid hormones, plays a key role in brain function, influencing mood, cognition and emotional regulation. Imbalances in thyroid hormone levels can significantly impact mental health, contributing to conditions such as depression, anxiety, irritability and cognitive impairments. Hypothyroidism, characterized by insufficient thyroid hormone production, is often linked to symptoms of depression, fatigue and cognitive fog, while hyperthyroidism, marked by an excess of thyroid hormones, can lead to anxiety, agitation and mood swings. These mental health effects are not just a result of the physical symptoms of thyroid dysfunction but are also influenced by a complex interplay of biological, psychological and social factors, forming what is known as the biopsychosocial model of health. This model suggests that the mental health implications of thyroid dysfunction cannot be fully understood without considering the biological mechanisms, psychological factors and social contexts that shape the individual's experience. This introduction will explore the relationship between thyroid dysfunction and mental health, delving into the underlying biological mechanisms, the psychological symptoms associated with thyroid imbalances and the broader social factors that may influence how individuals cope with thyroid-related mental health challenges. Understanding this biopsychosocial link is crucial for providing holistic care and developing effective strategies for the management and treatment of both thyroid dysfunction and its mental health impacts [1,2].

## **Description**

Thyroid dysfunction, including both hypothyroidism and hyperthyroidism, is closely linked to a variety of mental health symptoms, illustrating how the thyroid gland's role in regulating metabolism also significantly affects brain function. The thyroid hormones, primarily T4 and T3, are essential for the normal functioning of the central nervous system, influencing mood regulation, cognition and emotional stability. When thyroid hormone levels are imbalanced, they can lead to significant psychological disturbances, contributing to a range of mental health conditions. In hypothyroidism, where the thyroid does not produce enough hormones, individuals often experience symptoms such as depression, fatigue, forgetfulness and difficulty concentrating. These cognitive and emotional changes are thought to arise from the reduced metabolic activity in the brain, leading to slower processing speeds and mood dysregulation. Depression is one of the most common mental health issues associated with hypothyroidism and in many cases, it may improve with the correction of thyroid hormone levels through medication. Conversely, hyperthyroidism

\*Address for Correspondence: Kyuri Inoue, Department of Endocrinology and Metabolic Diseases, Medical University of Sofia, St. Georgi Sofiyski Blvd., Sofia, Bulgaria, E-mail: inoue.kyuri@sofiamed.org

Copyright: © 2025 Inoue K. This is an open-access article distributed under the terms of the creative commons attribution license which permits unrestricted use, distribution and reproduction in any medium, provided the original author and source are credited.

Received: 03 March, 2025, Manuscript No. rtr-25-164106; Editor assigned: 05 March, 2025, PreQC No. P-164106; Reviewed: 17 March, 2025, QC No. Q-164106; Revised: 24 March, 2025, Manuscript No. R-164106; Published: 31 March, 2025, DOI: 10.37421/2684-4273.2025.9.107

where the thyroid produces an excess of hormones, can lead to symptoms such as anxiety, irritability, restlessness and mood swings. The overproduction of thyroid hormones accelerates metabolism, which can overstimulate the central nervous system, causing heightened anxiety and difficulty managing emotions. Additionally, hyperthyroidism has been associated with more severe mental health conditions like panic attacks and, in extreme cases, psychosis [3].

Thyroid dysfunction is closely linked to mental health, with both hypothyroidism and hyperthyroidism significantly influencing psychological well-being. Hypothyroidism, characterized by low thyroid hormone levels, is commonly associated with symptoms of depression, fatigue and cognitive impairments, often leading to a general sense of sluggishness or emotional numbness. On the other hand, hyperthyroidism, which results from excess thyroid hormones, can trigger anxiety, irritability and mood swings, sometimes escalating to panic attacks or manic episodes. The underlying biopsychosocial link between thyroid dysfunction and mental health is complex, involving biological mechanisms such as altered neurotransmitter function, changes in brain metabolism and hormone-driven shifts in mood regulation. Psychosocial factors, including stress, life events and pre-existing mental health conditions, can exacerbate thyroid-related mood disturbances. Understanding and addressing thyroid dysfunction is crucial for effective mental health management, as balancing thyroid hormones often leads to improvements in mood and cognitive function [4].

The relationship between thyroid dysfunction and mental health is not solely biological; it is also shaped by psychological and social factors, as outlined by the biopsychosocial model. The psychological impact of thyroid disease can be compounded by social stressors such as stigma, the challenges of managing a chronic illness and the impact of the disease on one's daily life and relationships. Additionally, the stress of dealing with a thyroid disorder can further exacerbate mental health symptoms, creating a vicious cycle where thyroid imbalance worsens mental health and poor mental health complicates thyroid management. Effective treatment requires a comprehensive approach that addresses not only the thyroid imbalance itself but also the psychological and social factors that contribute to mental health issues. This may include a combination of thyroid hormone replacement therapy, psychotherapy, stress management techniques and social support. By recognizing and addressing the biopsychosocial link between thyroid dysfunction and mental health, healthcare providers can better support individuals in managing both the physical and mental health aspects of thyroid-related conditions [5].

#### Conclusion

In conclusion, the relationship between thyroid dysfunction and mental health is deeply interconnected, with both hypothyroidism and hyperthyroidism contributing to a wide range of psychological symptoms. The biological mechanisms of thyroid hormone imbalances can lead to conditions such as depression, anxiety and cognitive impairments, while the psychological and social factors associated with thyroid disease further complicate mental health outcomes. Understanding this biopsychosocial link is crucial for developing effective treatment strategies that address both the physical and mental health aspects of thyroid dysfunction. A comprehensive approach, combining appropriate thyroid hormone therapy with psychological support and social resources, is essential for improving the overall well-being of individuals affected by thyroid-related mental health challenges. By recognizing the multifaceted nature of thyroid dysfunction's impact on mental health, healthcare providers can offer more holistic care that promotes better outcomes for patients.

## **Acknowledgement**

None.

### **Conflict of Interest**

None.

#### References

- Thomsen anders F., Tine K. Kvist, Per K. Andersen and Lars V. Kessing. "Increased risk of developing affective disorder in patients with hypothyroidism: A registerbased study." Thyroid 15 (2005): 700-707.
- Mahdavi, Atena, Amirmansour Alavi Naeini, Mohammadreza Najafi and Mohammadreza Maracy, et al. "Effect of levetiracetam drug on antioxidant and liver enzymes in epileptic patients: Case-control study." Afr Health Sci 20 (2020): 984-990.

- Cai, Hong, Yu Jin, Rui Liu and Qinge Zhang, et al. "Global prevalence of depression in older adults: A systematic review and meta-analysis of epidemiological surveys." Asian J Psychiatr 80 (2023): 103417.
- Shen, Yanmei, Fengchun Wu, Yongjie Zhou and Yuejiao Ma, et al. "Association of thyroid dysfunction with suicide attempts in first-episode and drug naive patients with major depressive disorder." J Affect Disord 259 (2019): 180-185.
- Jokinen, Jussi, Mats Samuelsson, Anna-Lena Nordström and Peter Nordström.
   "HPT axis, CSF monoamine metabolites, suicide intent and depression severity in male suicide attempters." J Affect Disord 111 (2008): 119-124.

How to cite this article: Inoue, Kyuri. "Thyroid Dysfunction and Mental Health: Unraveling the Biopsychosocial Link." Rep Thyroid Res 09 (2025): 107.