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# Costs and benefits of iodine supplementation for pregnant women in a mildly to moderately iodinedeficient population 

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## Tables

## Table 1

| Parameter list - assuming worst case <br> scenario, (i.e. being least favourable to iodine <br> supplementation) | Data | Sources |
| :--- | :--- | :--- |
| Probability of a pregnant woman being iodine <br> deficient | $67 \cdot 43 \%$ | Bath and colleagues $^{5}$ <br> Vanderpump and colleagues ${ }^{42}$ showed a similar <br> proportion of iodine deficiency in 14/15 year old <br> girls in the UK (68\%) |
| Iodine Deficiency |  |  |
| Proportion of iodine deficient women who are <br> mildly/moderately iodine deficient (Urinary <br> Iodine-to-Creatinine ratio (UIC) 50 to 149 ug/l) | $0 \cdot 89$ | ${\text { Bath and colleagues }{ }^{5}}^{5}$ |
| Proportion of iodine deficient women who are <br> severely iodine deficient (UIC <50 $\mathrm{g} / \mathrm{ll})$ | $0 \cdot 11$ | Bath and colleagues ${ }^{5}$ |


| Discount rate for costs | 3.50\% | NICE guide to the methods of technology appraisal ${ }^{25}$ |
| :---: | :---: | :---: |
| For a small minority of women who may develop thyroid dysfunction as a result of iodine supplementation (assumption based on non-pregnant population iodine supplementation programmes which include the elderly) |  |  |
| Incremental incidence of thyroid dysfunction from iodine supplementation | 0.25\% | European Commission ${ }^{27}$ |
| IQ loss from overt \& subclinical hypothyroidism | 7.00 | Haddow and colleagues ${ }^{18}$ |
| IQ loss from isolated hypothyroxinemia | 7.00 | Model assumption based on equivalent neurodevelopmental test scores in Subclinical Hypothyroidism and Isolated Hypothyroxinemia groups ${ }^{28}$ |
| Incidence of early pregnancy loss from overt hyperthyroidism | 26.00\% | Momotani \& Ito ${ }^{48}$ |
| Odds ratio of stillbirth from overt hyperthyroidism* | $\begin{gathered} 8 \cdot 42 \\ 95 \% \mathrm{CI} \\ (2 \cdot 01-35 \cdot 20) \end{gathered}$ | Aggarawal and colleagues ${ }^{49}$ |
| Odds ratio of preterm birth from overt hyperthyroidism | $16 \cdot 50$ $95 \% \mathrm{CI}$ $(2 \cdot 09-130 \cdot 02)$ | Millar and colleagues ${ }^{50}$ |
| Odds ratio of pre-eclampsia from overt hyperthyroidism* | 3.94 $95 \% \mathrm{CI}$ $(2 \cdot 47-6 \cdot 29)$ | Aggarawal and colleagues ${ }^{49}$ |
| Incidence of early pregnancy loss from overt hypothyroidism | 30.00\% | Glinoer ${ }^{\text {¹ }}$ |
| Odds ratio for stillbirth from Overt Hypothyroidism | 9.69 $95 \% \mathrm{CI}$ $(2.92-32 \cdot 16)$ | Allan and colleagues ${ }^{52}$ |
| Odds ratio for Preterm Birth from Overt Hypothyroidism | $15 \cdot 55$ $95 \% \mathrm{CI}$ $(3 \cdot 62-66 \cdot 81)$ | Ajmani and colleagues ${ }^{53}$ |
| Incidence of pre-eclampsia from Overt Hypothyroidism | 44.00\% | Davis and colleagues ${ }^{54}$ |
| Odds ratio for early pregnancy loss from subclinical hypothyroidism | $1 \cdot 88$ $95 \% \mathrm{CI}$ $(1 \cdot 13-3 \cdot 15)$ | Wang and colleagues ${ }^{55}$ |
| Odds ratio of stillbirth from subclinical hypothyroidism | $3 \cdot 29$ $95 \% \mathrm{CI}$ $(1 \cdot 32-8 \cdot 21)$ | Allan and colleagues ${ }^{52}$ |


| Odds ratio for preterm birth from subclinical <br> hypothyroidism | $5 \cdot 60$ <br> $95 \% \mathrm{CI}$ <br> $(2 \cdot 30-13 \cdot 58)$ | Ajmani and colleagues $^{53}$ |
| :--- | :---: | :--- |
| Odds ratio for pre-eclampsia from subclinical <br> hypothyroidism | $3 \cdot 39$ <br> $95 \% \mathrm{CI}$ <br> $(1 \cdot 40-8 \cdot 15)$ | Ajmani and colleagues $^{53}$ |
| Odds ratio for preterm birth from isolated | $2 \cdot 54$ | Korevaar and colleagues $^{56}$ |
| hypothyroxinemia* | $95 \% \mathrm{CI}$ |  |
| * Adjusted Odds ratio | $(1 \cdot 42-4 \cdot 54)$ |  |

Table 2

| Results summary table and sensitivity analysis scenarios |  |  |  |
| :---: | :---: | :---: | :---: |
|  | Cost saving Analysis 1 (NHS perspective) | Cost saving Analysis 2 (Societal perspective) | IQ points gained |
| Base case results | £199 | $£ 4476$ | 1.22 |
| Sensitivity analysis scenarios |  |  |  |
| IQ gain for severe iodine deficiency same as mild/moderate iodine deficiency | $£ 189$ | $£ 4302$ | 1.18 |
| 1 IQ point gain from iodine supplementation | $£ 46$ | £1900 | 0.53 |
| No IQ gain for mild/moderate iodine deficiency | -£42 | $£ 540$ | $0 \cdot 17$ |
| Prevalence of iodine deficiency halved | £59 | £2178 | 0.61 |
| Doubled early pregnancy loss | $£ 145$ | £3352 | 0.92 |
| Doubled cost of iodine tablets | $£ 148$ | £4452 | 1.22 |
| Doubled discount rate | $\mathfrak{¢} 144$ | £1608 | 1.22 |
| No thyroid dysfunction | £229 | £4495 | 1.23 |
| Health costs halved Analysis 1 only | £60 |  | 1.22 |
| Value of an IQ point halved Analysis 2 only |  | £2409 | $1 \cdot 22$ |
| No real wage growth <br> Analysis 2 only |  | £3239 | $1 \cdot 22$ |
| Willingness to pay figure for an additional IQ point used Analysis 2 only |  | £1832 | $1 \cdot 22$ |
| Exclusion of public sector costs <br> Analysis 2 only |  | $£ 3953$ | 1.22 |

