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

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# Tables

### Table 1

Parameter list - assuming worst case	Data	Sources
scenario, (i.e. being least favourable to iodine		
supplementation)		
Probability of a pregnant woman being iodine	67.43%	Bath and colleagues <sup>5</sup>
deficient		Vanderpump and colleagues <sup>42</sup> showed a similar
		proportion of iodine deficiency in 14/15 year old
		girls in the UK (68%)
Iodine Deficiency		
Proportion of iodine deficient women who are	0.89	Bath and colleagues <sup>5</sup>
mildly/moderately iodine deficient (Urinary		
Iodine-to-Creatinine ratio (UIC) 50 to 149µg/l)		
Proportion of iodine deficient women who are	0.11	Bath and colleagues <sup>5</sup>
severely iodine deficient (UIC $<50 \mu g/l$ )		
IQ Gain		
IQ gain from supplementation in previously	2.20	Bath and colleagues <sup>5</sup>
mildly iodine deficient women		
IQ gain from supplementation in previously	3.00	Bath and colleagues <sup>5</sup>
severely iodine deficient women		
Iodine supplementation		
Duration of iodine supplementation in weeks	78	Model assumption
with successful pregnancy and lactation		
Duration of iodine supplementation in weeks	23	Model assumption
with early pregnancy loss		
Duration of iodine supplementation in weeks	47	Model assumption
with late pregnancy loss		
Pregnancy complications		
Baseline pregnancy risk of early pregnancy loss	20.00%	Royal College of Obstetricians and
		Gynaecologists <sup>43</sup>
Baseline pregnancy risk of stillbirth	0.47% of total	UK stillbirth rate <sup>44</sup>
	births	
Baseline pregnancy risk of preterm birth	7.14% of live	UK preterm birth rate <sup>45</sup>
	births	
Baseline pregnancy risk of pre-eclampsia	8.00%	Duley <sup>46</sup>
Pre-eclampsia cost	£11370.00	Meads and colleagues <sup>47</sup>

Discount rate for costs	3.50%	NICE guide to the methods of technology					
		appraisal <sup>25</sup>					
For a small minority of women who may devel	lop 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	0.25%	European Commission <sup>27</sup>					
from iodine supplementation							
IQ loss from overt & subclinical	7.00	Haddow and colleagues <sup>18</sup>					
hypothyroidism							
IQ loss from isolated hypothyroxinemia	7.00	Model assumption based on equivalent					
		neurodevelopmental test scores in Subclinical					
		Hypothyroidism and Isolated Hypothyroxinemia					
		groups <sup>28</sup>					
Incidence of early pregnancy loss from overt	26.00%	Momotani & Ito <sup>48</sup>					
hyperthyroidism							
Odds ratio of stillbirth from overt	8.42	Aggarawal and colleagues <sup>49</sup>					
hyperthyroidism*	95% CI						
	(2.01-35.20)						
Odds ratio of preterm birth from overt	16.50	Millar and colleagues <sup>50</sup>					
hyperthyroidism	95% CI						
	(2.09-130.02)						
Odds ratio of pre-eclampsia from overt	3.94	Aggarawal and colleagues <sup>49</sup>					
hyperthyroidism*	95% CI						
	(2.47-6.29)						
Incidence of early pregnancy loss from overt	30.00%	Glinoer <sup>51</sup>					
hypothyroidism							
Odds ratio for stillbirth from Overt	9.69	Allan and colleagues <sup>52</sup>					
Hypothyroidism	95% CI						
	(2.92-32.16)						
Odds ratio for Preterm Birth from Overt	15.55	Ajmani and colleagues <sup>53</sup>					
Hypothyroidism	95% CI						
	(3.62-66.81)						
Incidence of pre-eclampsia from Overt	44.00%	Davis and colleagues <sup>54</sup>					
Hypothyroidism							
Odds ratio for early pregnancy loss from	1.88	Wang and colleagues <sup>55</sup>					
subclinical hypothyroidism	95% CI						
	(1.13-3.15)						
Odds ratio of stillbirth from subclinical	3.29	Allan and colleagues <sup>52</sup>					
hypothyroidism	95% CI						
	(1.32-8.21)						

Odds ratio for preterm birth from subclinical	5.60	Ajmani and colleagues <sup>53</sup>
hypothyroidism	95% CI	
	(2.30-13.58)	
Odds ratio for pre-eclampsia from subclinical	3.39	Ajmani and colleagues <sup>53</sup>
hypothyroidism	95% CI	
	$(1 \cdot 40 - 8 \cdot 15)$	
Odds ratio for preterm birth from isolated	2.54	Korevaar and colleagues <sup>56</sup>
hypothyroxinemia*	95% CI	
	$(1 \cdot 42 - 4 \cdot 54)$	
* Adjusted Odds ratio	•	

## Table 2

	Cost saving	Cost saving	IQ points gained
	Analysis 1	Analysis 2	
	(NHS perspective)	(Societal perspective)	
Base case results	£199	£4476	1.22
Sensitivity analysis scenarios			
IQ gain for severe iodine deficiency	£189	£4302	1.18
same as mild/moderate iodine			
deficiency			
1 IQ point gain from iodine	£46	£1900	0.53
supplementation			
No IQ gain for mild/moderate iodine	-£42	£540	0.17
deficiency			
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	£144	£1608	1.22
No thyroid dysfunction	£229	£4495	1.23
Health costs halved	£60		1.22
Analysis 1 only			
Value of an IQ point halved		£2409	1.22
Analysis 2 only			
No real wage growth		£3239	1.22
Analysis 2 only			
Willingness to pay figure for an		£1832	1.22
additional IQ point used			
Analysis 2 only			
Exclusion of public sector costs		£3953	1.22
Analysis 2 only			