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Original

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Aerobic training and lipid profile of hypothyroid rats

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ABSTRACT

Aerobic training and lipid profile of hypothyroid rats

Objective. The objective of this study was to investigate the effects of 17 weeks of swimming exercise on the lipid profile of hypothyroid rats.

Method. 24 male Wistar rats were divided into four groups: controls submitted to aerobic training (CT); hypothyroid submitted to aerobic training (HT); sedentary controls (SC) and sedentary hypothyroid (SH). HT and SH were induced to hypothyroidism by administering 1 mg of propylthiouracil, while CT and SC animals received distilled water. The animals had unrestricted access to ration and water. Swimming took place five times per week, 60 minutes per session, with overload corresponding to 3% of body weight. At the end of the experiment total cholesterol (C), high-density lipoprotein (HDL-C), low-density lipoprotein (LDL-C), very low-density lipoprotein (VLDL-C), triglycerides and thyroid stimulating hormone (TSH) levels were measured.

Results. The main finding of the study was the lower values ($p < 0.05$) obtained for two variables in the HT group ($C = 74.6 \pm 8.7$ mg/dl and $LDL = 43.7 \pm 6.5$ mg/dl) compared to the SH group ($C = 91.3 \pm 6.8$ mg/dl and $LDL-C = 55.6 \pm 2.0$ mg/dl).

Conclusion. It was concluded that swimming exercises can minimize the increase in C and LDL-C blood levels in hypothyroid rats.

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RESUMEN

Entrenamiento aeróbico y perfil lipídico en ratones con hipotiroidismo

Objetivo. El objetivo del estudio fue investigar los efectos de 17 semanas de ejercicios de natación en el perfil lipídico de los ratones de laboratorio con hipotiroidismo.

Método. 24 ratones de laboratorio machos, especie Wistar, fueron divididos en cuatro grupos: control y sometidos a entrenamiento aeróbico (CT); con hipotiroidismo y sometidos a entrenamiento aeróbico (HT); control sedentario (CS) y sedentario con hipotiroidismo (SH). Los animales de los grupos HT y HS fueron inducidos al hipotiroidismo por medio de administración de 1 mg de propiltiouracilo, mientras que los animales de los grupos CT y CS, recibieron agua destilada. Los animales tuvieron libre acceso a su alimento y agua. La natación fue realizada 5 veces por semana, 60 minutos por sesión, sobrecarga correspondiente a 3% del peso corporal del animal. Al final del experimento fueron dosificadas las concentraciones de colesterol total (C), lipoproteína de alta densidad (HDL-C), lipoproteína de baja densidad (LDL-C), lipoproteína de muy baja densidad (VLDL-C), triglicéridos y hormona estimulante de la tiroides (TSH).

Resultados. El principal hallazgo del estudio fueron los valores menores ($p < 0.05$) en dos variables del grupo HT ($C = 74.6 \pm 8.7$ mg/dl e $LDL = 43.7 \pm 6.5$ mg/dl) en relación al grupo HS ($C = 91.3 \pm 6.8$ mg/dl e $LDL-C = 55.6 \pm 2.0$ mg/dl).

Conclusión. Se concluye que el ejercicio aeróbico de natación puede minimizar en ratones de laboratorio el aumento de los niveles sanguíneos de C y LDL-C debido a la condición de hipotiroidismo.

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INTRODUCTION

The thyroid gland is responsible for regulating several metabolic parameters¹, such as triiodothyronine (T3) and thyroxine (T4), important hormones for regulating lipid metabolism^{2,3}.

Hypothyroidism is characterized by the decreased release of these hormones, causing secondary dyslipidemia^{3,4}. Patients with this condition exhibit elevated total and LDL-C cholesterol⁴⁻⁷, and increased^{8,9} or diminished^{6,10} HDL-C.

Physical exercise has been used as non-drug treatment for the control and treatment of dyslipidemias¹¹. Prado et al.¹² report that the use of aerobic exercise, at both low and high intensity, stimulates an increase in lipoprotein lipase (LPL), improving the lipoprotein profile¹³, and enhancing the enzymatic processes involved in lipid metabolism¹⁴. The increase in LPL resulting from aerobic exercise can reduce triglyceride levels and raise HDL-C¹⁵. This occurs due to the increased catabolism of triglyceride-rich lipoproteins, leading to a rise in their components and transfer to the high density lipoprotein plasma fraction (HDL-C)¹⁶.

On the other hand, the effects of physical exercise on lipid profile in hypothyroidism have not been clarified in the scientific literature. There is evidence that after exercise, circulating TSH levels remain elevated for several days^{17,18}, which could be beneficial in hypothyroidism by increasing thyroid hormone stimulation.

Accordingly, the present study aimed at investigating the effects of a 17-week swimming exercise program on the lipid profile of hypothyroid rats. The hypothesis of this study is that aerobic exercise contributes to minimizing the effects of hypothyroidism on concentrations of total cholesterol and lipoproteins (LDL-C, HDL-C and VLDL-C).

METHOD

The sample was composed of 24 Wistar rats, aged 45 days and weighing between 200 and 250 g, distributed in boxes containing three animals, with free access to water and ration. The environment was monitored under a 12/12 h photoperiod.

This study adhered to the ethical principles of Brazilian Law number 11.794, from October 8, 2008, which establishes procedures for the scientific use of animals. It was approved by the Animal Ethics Committee of Pará State University under protocol number 16/11.

Experimental design

Animals were randomly divided into four groups of six individuals: control and submitted to aerobic training (CT); hypothyroid and submitted to aerobic training (HT); sedentary control (SC) and sedentary hypothyroid (SH).

Propylthiouracil, at a concentration of 1 mg/animal¹⁹, was used to induce hypothyroidism. CT and SC group animals received distilled water in the same amount as the propylthiouracil, for the placebo effect, both by gavage administration.

Aerobic training

Training took place in a system of twelve 20-mm tubes placed inside a 500-liter water box, in which the volume of water was planned to prevent animals' tails from reaching the bottom of the box and reducing

their effort. Water temperature was maintained between 30 and 32° C to avoid airway problems.

In the week before training, animals underwent a 5-day adaptation period as follows: to the tank, water temperature and handling, in order to minimize stress²⁰.

The training protocol was adapted from a study conducted by Pauli et al.²¹, consisting of 17 weeks of aerobic training, the first two weeks involving adaptation to the liquid medium. Time progression, initially 15 minutes, occurred in the first week, and overload was introduced in the second week, until reaching 3% of animal body weight. From the third week onwards, animals trained for 60 minutes at 3% overload, five times a week. They were weighed every Monday in order to calculate the weight of the week's aerobic exercise overload. The overload was attached to the chest of the animal with the aid of a vest.

Blood collection

Blood samples were collected to determine lipid profile and TSH concentrations. In the next stage, the animals received no propylthiouracil or distilled water for 48 hours, were denied food for 12 hours, had free access to water and had not engaged in physical exercise for 36 hours.

The animals were then anesthetized with thiopental (40mg.kg⁻¹), via intraperitoneal injection. Two mL of blood was collected by supra-hepatic inferior vena cava puncture. Lipid profile was determined using the Labtest kit and Trinder's enzymatic technique. The TSH ACS: 180 test with chemiluminescence technology was used to measure TSH.

Statistics

The mean and standard deviation were calculated, as well as measures of data dispersion and variability. The Shapiro-Wilk and Levene tests were employed to check for sample normality and homogeneity. Parametric analysis was conducted for all groups using analysis of variance (ANOVA), while Tukey's post hoc protocol was applied for intergroup comparison. The software used was SPSS version 18, the level of significance used was $p < 0.05$.

RESULTS

The results of the present study demonstrate that Wistar rats treated with propylthiouracil (HT) submitted to 17 weeks of swimming exercise exhibited lower LDL-C values ($p < 0.05$) when compared to sedentary hypothyroid (SH) rats. Moreover, the results of trained control rats (CT) and sedentary controls (SC) were also lower ($p < 0.05$) than those of sedentary hypothyroid (SH) individuals (table 1). The HDL and VLDL-C

Table 1

Mean and standard deviation of lipoproteins (mg/dl) in Wistar rats not treated with propylthiouracil submitted to 17 weeks of swimming exercise

	CT	HT	SC	SH
HDL-C	28.3 ± 3.4	24.5 ± 3.7	24.3 ± 2.5	26.5 ± 3.8
LDL-C	39.5 ± 4.6 *	43.7 ± 6.5 *	43.4 ± 8.8 *	55.6 ± 2.0
VLDL-C	7.3 ± 1.5	6.4 ± 1.4	6.4 ± 1.6	9.1 ± 2.5

* $p < 0.05$ in relation to SH, ANOVA, Tukey's Post Hoc. CT: trained control group; HT: trained hypothyroidism group; SC: sedentary control group; SH: sedentary hypothyroidism group; HDL: High Density Lipoprotein; LDL: Low Density Lipoprotein; VLDL: Very low density lipoprotein.

indices showed no significant intergroup difference after the experimental protocol.

With respect to C, groups CT (75.3 ± 7.7 mg/dl), TH (74.6 ± 8.7 mg/dl) and SC (74.3 ± 11.7 mg/dl) displayed lower levels ($p < 0.05$) when compared to the SH group (91.3 ± 6.8 mg/dl) (fig. 1). Triglyceride values were not significantly different between groups (fig. 2).

TSH in the HT group (1.7 ± 1.4 mg/dl) showed higher values ($p < 0.05$) in relation to groups CT (1.1 ± 0.1 mg/dl) and SC (0.8 ± 0.3 mg/dl). Group SH (1.4 ± 0.5 mg/dl) showed a significant difference ($p < 0.05$) compared to group SC (fig. 3).

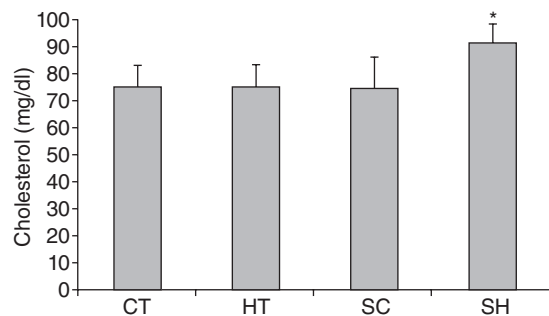


Fig. 1. Total cholesterol levels in Wistar rats treated and not treated with propylthiouracil and submitted to 17 weeks of swimming exercises.

* $p < 0.05$ in relation to CT, HT, SC and SC ANOVA, Tukey's Post Hoc. CT: trained control group; HT: trained hypothyroidism group; SC: sedentary control group; SH: sedentary hypothyroidism group

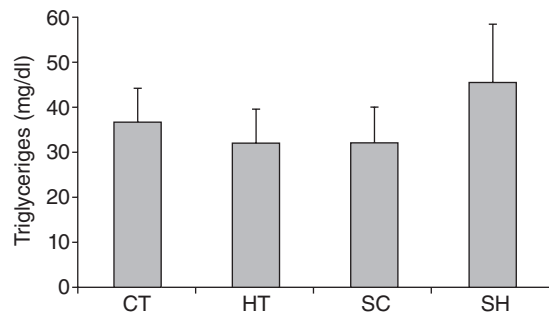


Fig. 2. Triglyceride levels in Wistar rats treated and not treated with propylthiouracil and submitted to 17 weeks of swimming exercises.

CT: trained control group; HT: trained hypothyroidism group; SC: sedentary control group; SH: sedentary hypothyroidism group.

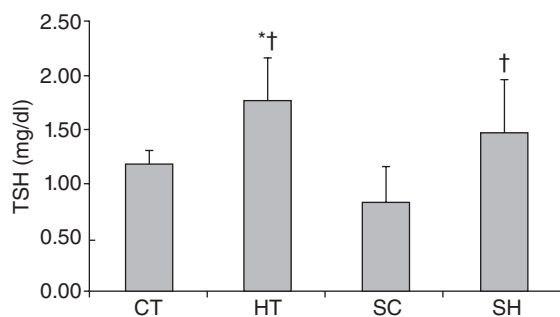


Fig. 3. TSH level in Wistar rats treated and not treated with propylthiouracil and submitted to 17 weeks of swimming exercises.

* $p < 0.05$ in relation to CT ANOVA, Tukey's Post Hoc; † $p < 0.05$ in relation to SC ANOVA, Tukey's Post Hoc; CT: trained control group; HT: trained hypothyroidism group; SC: sedentary control group; SH: sedentary hypothyroidism group

DISCUSSION

Hypothyroidism is one of the primary causes of secondary dyslipidemia^{3,4}, a condition in which lipid metabolism increases due to a rise in total cholesterol and LDL-C^{4-7, 22-25}. However, this increase is not well elucidated in the literature²⁶. The study carried out by Duntas²⁴ demonstrated that other lipid profile alterations in hypothyroidism occur in triglycerides and VLDL-C, whose levels are normal or elevated. The behavior of HDL-C in hypothyroidism is highly variable. While some authors have reported a normal or elevated state^{8,9,24}, others have shown it to be decreased^{10,27}.

In hypothyroidism the number of hepatic receptors that remove LDL-C particles decreases, raising plasma LDL-C cholesterol levels¹¹, possibly accounting for these alterations. There is also an increase in intestinal cholesterol absorption²⁸ and greater hepatic cholesterol synthesis and VLDL-C fraction²⁹.

The results of this study indicate an association between hypothyroidism and lipid alterations. The main finding was the fact that 17 weeks of swimming contributed to controlling lipid profile alterations in hypothyroid-induced rats, such as lower LDL-C and total cholesterol values, when compared to rats with sedentary hypothyroidism. The hypothesis of the present study was confirmed, since aerobic exercise minimized the effects of hypothyroidism, such as increased LDL-C and total cholesterol.

Physical exercise is considered an important non-drug tool for treating dyslipidemias, and aerobic programs (walking, running, swimming) should be used to prevent and rehabilitate patients with dyslipidemia and those recovering from cardiovascular events¹¹. Other authors have also associated regular aerobic exercise to modifications in lipid profile levels^{12,30,31}. On the other hand, studies on the effects of exercise on lipid profile in hypothyroidism remain scarce.

In the present study, 17 weeks of swimming contributed to controlling LDL-C levels in hypothyroid-induced rats when compared to the sedentary hypothyroid group, suggesting that aerobic exercise can improve lipid profile. One of the biomolecular explanations may be the increase in protein lipase activity provoked by exercise¹³. Seip et al.³² observed a rise in protein lipase gene expression in men submitted to 13 consecutive days of exercises with a subsequent decrease in cholesterol, triglycerides and LDL-C. Moreover, moderate exercise, such as the intensity used in the present study, maximizes fatty acid intake, resulting in lower LDL-C levels in animals that engaged in swimming exercises³³.

Reductions in LDL-C levels are important for delaying or inhibiting atherosclerosis, allowing plaque stabilization with a lower risk of erosion, in addition to being essential for significantly improving endothelial function³⁴. However, we suggest future studies to elucidate the possible increase in protein lipase and fatty acid intake chronically induced by exercise in hypothyroidism, given that we were unable to study these mechanisms in the present study.

In regard to total cholesterol, hypothyroid groups exhibited higher values than those of control groups without hypothyroidism. However, chronically, aerobic exercise seems to promote lower cholesterol in hypothyroidism, since the trained hypothyroid group showed decreased total cholesterol values when compared to the sedentary hypothyroid group. The effect of exercise on reducing cholesterol has been widely reported in the literature³⁵⁻³⁷. However, this chronic training effect in hypothyroidism is still unknown. We suggest future research to confirm the effectiveness of exercise in lowering total cholesterol in hypothyroidism.

Triglyceride values did not differ significantly between groups, but those of the CT, HT and CS groups were very similar. The HS group showed higher triglyceride levels, although the difference was not significant. Hernandez-Mihares et al.³⁸ found increased triglyceride levels in women with hypothyroidism. Similar results were obtained by Kvetny et al.³⁹ and Lai et al.⁴⁰ but not by Hueston et al.⁴¹. Thus, new research should be conducted to confirm the efficacy of physical exercise as a mechanism to control triglyceride levels.

TSH was high in groups with induced hypothyroidism, when compared to control groups. Elevated TSH is a compensatory effect to increase T3 and T4 production, given that hypothyroidism occurs as a function of decreased thyroid hormones. However, propylthiouracil, the drug used to induce hypothyroidism, inhibits type 1 iodothyronine-deiodinase enzyme, which is responsible for converting the T4 hormone into T3, thereby reducing both^{42,43}.

The data in this present study show that aerobic exercise may increase TSH production. The rise in TSH could be associated to greater T3 and T4 degradation in muscle cell membranes, thereby decreasing circulating T3 and T4 and, through negative feedback, elevating TSH production in the hypothalamus and, in turn, raising T3 and T4 production. However, as these hormones were not measured in the present study, we recommend future studies to assess the influence of an exercise-induced increase in TSH on elevated T3 and T4 in hypothyroidism.

Under these study conditions, we conclude that, after 120 days, the use of propylthiouracil at a concentration of 1mg/animal induces hypothyroidism, and that regular swimming exercise can minimize the increase in total blood cholesterol and LDL-C levels. However, there were no hypothyroidism-related changes in HDL-C, VLDL-C or triglyceride concentrations.

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CONFLICT OF INTEREST

The authors declare that they have no conflict of interest.

References

- Rizos CV, Elisaf MS, Liberopoulos EN. Effects of Thyroid Dysfunction on Lipid Profile. *Open Cardiovasc Med J*. 2011;5:76-84.
- Duntas LH, Brenta G. The Effect of Thyroid Disorders on Lipid Levels and Metabolism. *The Medical clinics of North America*. 2012;96:269-81.
- Neves C, Alves M, Medina JL, Delgado JL. Thyroid diseases, dyslipidemia and cardiovascular pathology. *Rev Port Cardiol*. 2008;27:1211-36.
- Teixeira PdeF, Reuters VS, Ferreira MM, Almeida CP, Reis FA, Buescu A, et al. Lipid profile in different degrees of hypothyroidism and effects of levothyroxine replacement in mild thyroid failure. *Transl Res*. 2008;151:224-31.
- Lee WY, Suh JY, Rhee EJ, Park JS, Sung KC, Kim SW. Plasma CRP, apolipoprotein A-1, apolipoprotein B and Lp(a) levels according to thyroid function status. *Archives of medical research*. 2004;35:540-5.
- Ásvold BO, Vatten LJ, Nilsen TIL, Bjørø T. The association between TSH within the reference range and serum lipid concentrations in a population-based study. The HUNT Study. *European Journal of Endocrinology*. 2007;156:181-6.
- Abbas JM, Chakraborty J, Akanji AO, Doi SA. Hypothyroidism results in small dense LDL independent of IRS traits and hypertriglyceridemia. *Endocr J*. 2008;55:381-9.
- Muls E, Rosseneu M, Blaton V, Lesaffre E, Lamberigts G, Moor PD. Serum lipids and apolipoproteins A-I, A-II and B in primary hypothyroidism before and during treatment. *European Journal of Clinical Investigation*. 1984;14:12-5.
- Pearce EN, Wilson PWF, Yang Q, Vasan RS, Braverman LE. Thyroid Function and Lipid Subparticle Sizes in Patients with Short-Term Hypothyroidism and a Population-Based Cohort. *J Clin Endocrinol Metab*. 2008;93:888-94.
- Agdeppa D, Macaron C, Mallik T, Schnuda ND. Plasma High Density Lipoprotein Cholesterol in Thyroid Disease. *Journal of Clinical Endocrinology & Metabolism*. 1979;49:726-9.
- Sposito AC, Caramelli B, Fonseca FAH, Bertolami MC, Afíune Neto A, Souza AD, et al. IV Diretriz Brasileira sobre Dislipidemias e Prevenção da Aterosclerose: Departamento de Aterosclerose da Sociedade Brasileira de Cardiologia. *Arq Bras Cardiol*. 2007;88:2-19.
- Prado ES, Dantas EHM. Efeitos dos exercícios físicos aeróbico e de força nas lipoproteínas HDL, LDL e lipoproteína(a). *Arq Bras Cardiol*. 2002;79:429-33.
- Wajchenberg BL. Tecido adiposo como glândula endócrina. *Arq Bras Endocrinol Metab*. 2000;44:13-20.
- Zanella AM, Souza DRS, Godoy MF. Influence of the physical exercise on the lipid profile and oxidative stress. *Arq Ciênc Saúde*. 2007;14:107-12.
- Taskinen MR, Nikkilä EA. High density lipoprotein subfractions in relation to lipoprotein lipase activity of tissues in man-evidence for reciprocal regulation of HDL2 and HDL3 levels by lipoprotein lipase. *Clin Chim Acta*. 1981;112:325-32.
- Gordon DJ, Witztum JL, Hunninghake D, Gates S, Glueck CJ. Habitual physical activity and high-density lipoprotein cholesterol in men with primary hypercholesterolemia. The Lipid Research Clinics Coronary Primary Prevention Trial. *Circulation*. 1983;67:512-20.
- Pardini DP. Alterações hormonais da mulher atleta. *Arq Bras Endocrinol Metab*. 2001;45:343-51.
- Allen DB. Effects of fitness training on endocrine systems in children and adolescents. *Adv Pediatr*. 1999;46:41-66.
- Gomes MG, Serakides R, Nunes VA, Silva CM, Carneiro RA, Ocarino NM. Blood profile of hypothyroid castrated or intact adult female rats. *Arq Bras Endocrinol Metab*. 2004;48:294-8.
- Souza MA, Oliveira MS, Furian AF, Rambo LM, Ribeiro LR, Lima FD, et al. Swimming training prevents pentylentetrazol-induced inhibition of Na⁺, K⁺-ATPase activity, seizures, and oxidative stress. *Epilepsia*. 2009;50:811-23.
- Pauli JR, Leme J, Crespillo D, Mello MA, Rogatto G, Luciano E. Influência do treinamento físico sobre parâmetros do eixo hipotálamo-pituitária-adrenal de ratos administrados com dexametasona. *Rev Port Cien Desp*. 2005;5:143-52.
- Kung AWC, Pang RWC, Janus ED. Elevated serum lipoprotein(a) in subclinical hypothyroidism. *Clinical Endocrinology*. 1995;43:445-9.
- Tanis BC, Westendorp RGJ, Smelt AHM. Effect of thyroid substitution on hypercholesterolaemia in patients with subclinical hypothyroidism: a reanalysis of intervention studies. *Clin Endocrinol*. 1996;44:643-9.
- Duntas LH. Thyroid disease and lipids. *Thyroid*. 2002;12:287-93.
- Surks MI. Subclinical Thyroid Dysfunction: A Joint Statement on Management from the American Association of Clinical Endocrinologists, the American Thyroid Association, and The Endocrine Society. *Journal of Clinical Endocrinology & Metabolism*. 2005;90:586-7.
- Staub JJ, Althaus BU, Engler H, Ryff AS, Trabucco P, Marquardt K, et al. Spectrum of subclinical and overt hypothyroidism: Effect on thyrotropin, prolactin, and thyroid reserve, and metabolic impact on peripheral target tissues. *Am J Med*. 1992;92:631-42.
- O'Brien T, Dinneen SF, O'Brien PC, Palumbo P. Hyperlipidemia in patients with primary and secondary hypothyroidism. *Mayo Clin Proc*. 1993;68.
- Hamnvik OPR, Larsen PR, Marqusee E. Thyroid Dysfunction from Antineoplastic Agents. *Journal of the National Cancer Institute*. 2011;103:1572-87.
- De Bruin TW, van Barlingen H, van Linde-Sibenius Trip M, van Vuurst de Vries AR, Akveld MJ, Erkelens DW. Lipoprotein(a) and apolipoprotein B plasma concentrations in hypothyroid, euthyroid, and hyperthyroid subjects. *Journal of Clinical Endocrinology & Metabolism*. 1993;76:121-6.
- Thompson PD, Yurgalevitch SM, Flynn MM, Zmuda JM, Spannaus-Martin D, Saritelli A, et al. Effect of prolonged exercise training without weight loss on high-density lipoprotein metabolism in overweight men. *Metabolism*. 1997;46:217-23.
- Cambri LT, Souza Md, Mannrich G, Cruz Rod, Gevaerd MdS. Lipidic profile, dyslipidemia and physical exercises. *Rev bras cineantropom desempenho hum*. 2006;8:100-6.
- Seip RL, Angelopoulos TJ, Semenkovich CF. Exercise induces human lipoprotein lipase gene expression in skeletal muscle but not adipose tissue. *Am J Physiol*. 1995;268:E229-E36.
- Jeppesen J, Kiens B. Regulation and limitations to fatty acid oxidation during exercise. *The Journal of Physiology*. 2012;590:1059-68.

34. Peterson JCB, Guariento ME. Lipid profile and cardiovascular risk in a population of elderly women with subclinical hipothyroidism. *Rev Bras Med*. 2007;64:369-73.
35. Frajacomio FT, Demarzo MM, Fernandes CR, Martinello F, Bachur JA, Uye-mura SA, et al. The effects of high-intensity resistance exercise on the blood lipid profile and liver function in hypercholesterolemic hamsters. *Appl Physiol Nutr Metab*. 2012;37:448-54.
36. Casella-Filho A, Chagas ACP, Maranhão RC, Trombetta IC, Cesena FH, Silva VM, et al. Effect of exercise training on plasma levels and functional properties of high-density lipoprotein cholesterol in the metabolic syndrome. *The American journal of cardiology*. 2011;107:1168-72.
37. Fagherazzi S, Dias RDL, Bortolon F. Impact of isolated and combined with diet physical exercise on the HDL, LDL, total cholesterol and triglycerides plasma levels. *Rev Bras Med Esporte*. 2008;14:381-6.
38. Hernández-Mijares A, Jover A, Bellod L, Bañuls C, Solá E, Veses S, et al. Relation between lipoprotein subfractions and TSH levels in the cardiovascular risk among women with subclinical hypothyroidism. *Clinical Endocrinology*. 2012.
39. Kvetny J, Heldgaard PE, Bladbjerg EM, Gram J. Subclinical hypothyroidism is associated with a low-grade inflammation, increased triglyceride levels and predicts cardiovascular disease in males below 50years. *Clinical Endocrinology*. 2004;61:232-8.
40. Lai Y, Wang J, Jiang F, Wang B, Chen Y, Li M, et al. The relationship between serum thyrotropin and components of metabolic syndrome. *Endocrine Journal*. 2011;58:23-30.
41. Hueston WJ, Pearson WS. Subclinical Hypothyroidism and the Risk of Hypercholesterolemia. *Ann Fam Med*. 2004;2:351-5.
42. Cooper DS. Which anti-thyroid drug? *The American Journal of Medicine*. 1986;80:1165-8.
43. Sanders JP, Geyten SVD, Kaptein E, Darras VM, Kühn ER, Leonard JL, et al. Characterization of a propylthiouracil-insensitive type I iodothyronine deiodinase. *Endocrinology*. 1997;138:5153-60.