

Mardi 15 septembre 2026**11H00-12H00 – SALLE CHASSERAL, RTE DE LA CORNICHE 21 – 1010 LAUSANNE****«Le statut en iode dans CoLaus (Ducraux et al., Sci Rep 2025) ».****SPEAKER**

Pedro Marques-Vidal, MD, Ph.D. is Full Professor at the University of Lausanne, Switzerland. He was previously a professor of Nutrition and Public Health at the medical faculty of Lisbon, Portugal. He has a background in biochemistry, medicine and statistics and works in clinical research at the department of Internal Medicine of the Lausanne University Hospital (CHUV). His main interests are the epidemiology, determinants and consequences of cardiovascular risk factors in the general population. He has a transversal knowledge on biochemistry, nutrition, epidemiology, data management, statistics and medicine, allowing him to collaborate with a variety of research groups. Since 2007, he is data manager and investigator in the CoLaus|PsyCoLaus study (www.colaus-psycolaus.ch) the sole prospective study focussing on cardiovascular disease in Switzerland. He is a fellow of the European Society of Cardiology and of the Swiss Society of Public Health, and member of the European Association of Preventive Cardiology. In 2014 he shared the Leenards prize. He published over 700 peer-reviewed articles and tutored over 30 MSc, MD or PhD students.

ABSTRACT

Switzerland was a pioneering country regarding iodine fortification to prevent goitre, but iodine status assessment in the general population has been seldom conducted in recent years. We used data from the CoLaus|PsyCoLaus study to assess iodine status (via spot urinary iodine excretion) from a cross-sectional study conducted between 2003 and 2006 including 6,341 community dwellers, aged 35-75 years old. Iodine status was considered as adequate for urinary iodine concentrations (UIC) ≥ 100 mcg/L, mild deficiency for $50 \leq \text{UIC} \leq 99$ mcg/L, moderate deficiency for $20 \leq \text{UIC} \leq 49$ mcg/L, and severe deficiency for $\text{UIC} < 20$ mcg/L. Overall, 70.5% of the participants presented with adequate iodine status, 23.0% with mild, 6.0% with moderate and 0.5% with severe iodine deficiency. Being a woman [odds ratio (95% confidence interval): 1.64 (1.45-1.85)], hypertension 1.41 (1.24-1.60) and increasing age (p for trend < 0.001) were associated with iodine deficiency, while increasing body mass index (p for trend < 0.001), current smoking 0.86 (0.75-0.99) and thyroid hormone supplementation 0.48 (0.33-0.70) were negatively associated with iodine deficiency. We conclude that in Lausanne, approximately one third of participants presented with iodine deficiency. Factors such as older age, being a woman or presenting with hypertension are associated with iodine deficiency, making those groups the main targets for further preventive interventions.

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