serum osteocalcin increased by 3.35 [0.18; 8.8] ng/ml, whereas in Group A it increased by only 0.4 [-0.5; 3.9] ng/ml (Table 5). The changes were not significantly different (T = 208.0; p > 0.05). The urine deoxypyridinoline in group B significantly increased after combined therapy and was higher than in group A at the end of therapy (p < 0.05) (Figure 2). No significant difference between monotherapy with L-T4 and combined therapy was revealed in densitometry.

5. Preference of treatment
At the final visit patients were asked which treatment they preferred. Of 36 study patients, 10 preferred L-T4+L-T3 treatment (27.8%), 8 preferred L-T4 treatment (22.2%), and 18 patients (50%) had no preference.

DISCUSSION
In a previous study we compared the effect of L-T4 versus combination L-T4 + L-T3 therapy on the serum thyroid hormone levels. We found that L-T4 monotherapy was associated with non-physiologically high FT4 and low FT3 levels, while TSH values did not differ in the two groups.

In the present study we conducted a randomized controlled trial of non-blinded design in 36 hypothyroid premenopausal women without previous therapy in order to assess possible differential influence of the two therapeutic regimens (L-T4 versus combined L-T4, L-T3) on clinical features, lipid profile, bone metabolism markers, bone density, and 24-hour electrocardiographic recording.

Lipoprotein profiles
Elevated levels of total cholesterol, LDL cholesterol, and apolipoprotein B are well documented features of overt hypothyroidism. These changes are reversible upon treatment.