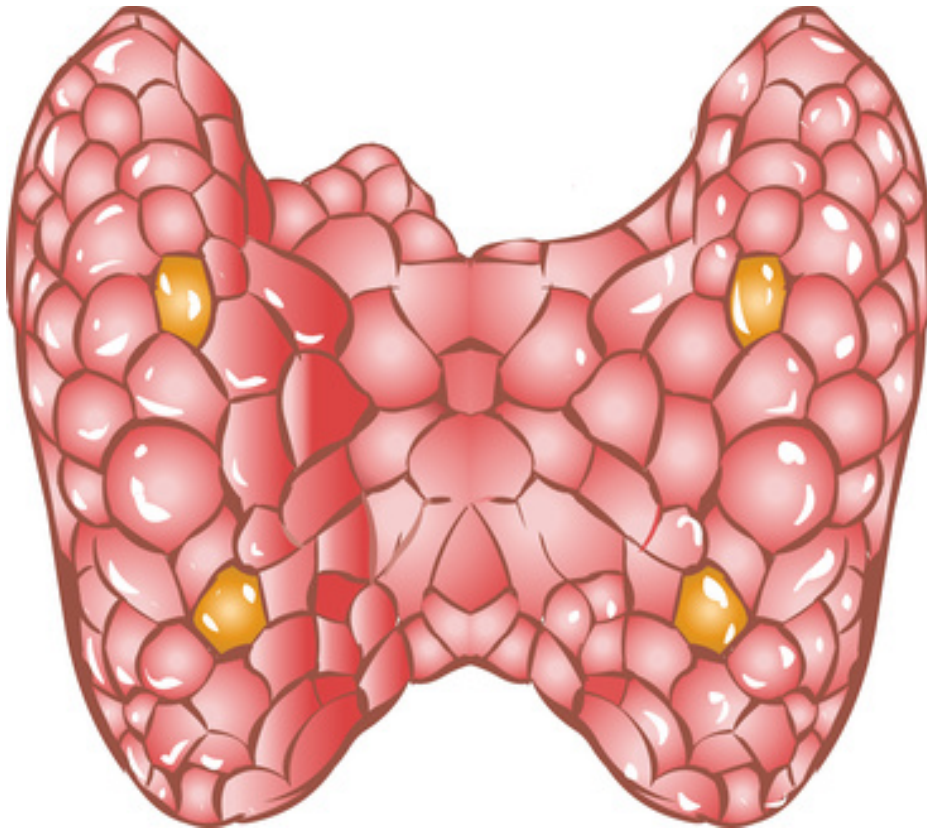


A Few Words about Hypothyroidism



- ✓ Hypothyroidism occurs due to less secretion of thyroid hormones from the said gland.
- ✓ The common **causes** are: autoimmune (destruction of the gland by the body's immune system itself), iodine deficiency, thyroid surgery, radiation to the thyroid gland, and following thyroiditis. Rarely, however, disease of the hypothalamus (a part of brain that regulates various hormone secretion) and pituitary gland can result in hypothyroidism.
- ✓ **Symptoms and signs** of hypothyroidism are non-specific and hence if there are any suspicion blood tests for thyroid hormones, especially T_4 or free T_4 and TSH, done from a reliable laboratory, helps in confirming the diagnosis.
- ✓ **Hypothyroidism is not an important cause of obesity.**
- ✓ **Overt primary hypothyroidism** is diagnosed if serum TSH exceeds $15\mu\text{u/mL}$. This condition requires generally lifelong replacement therapy with levothyroxine sodium.
- ✓ A TSH level above the upper limit of normal but less than $15\mu\text{u/mL}$ constitutes what is called **subclinical hypothyroidism** which may or may not be treated depending on the patient's clinical condition and the physician's preference.
- ✓ As per current state of knowledge and present recommendations, even the mildest forms of hypothyroidism may be best treated with levothyroxine sodium if the woman is pregnant.
- ✓ In most of the situations where patients are prescribed replacement therapy with levothyroxine, **treatment need be continued uninterruptedly lifelong**; however sometimes the physicians may ask to stop the tablets

for a specified period (6 weeks) for re-evaluation of thyroid status or for other relevant purpose. That apart, **levothyroxine therapy should never be stopped or the dosage altered without physician's advice.**

- ✓ The **dose** of levothyroxine is adjusted by the physician based on clinical and laboratory parameters. During some phases of life the dose may have to be altered, e.g. during pregnancy, or if the patient receives some other drugs. It may be noted that there is **no seasonal variation in dosage requirement.**
- ✓ Levothyroxine should be taken in the **morning in empty stomach**; if the scheduled dose is forgotten, it may be taken any time of the day.
- ✓ Since soya based food impairs the absorption of levothyroxine, no soya based product should be consumed with or within an hour of taking the tablets.
- ✓ Generally for a stabilized patient levothyroxine should be continued lifelong with annual thyroid function testing. The tablet should not be stopped (unless specifically asked to do so by the attending physician) before taking the test.
- ✓ Generally other medications for other illness can be taken while the patient is on levothyroxine.
- ✓ A person of hypothyroidism on levothyroxine replacement does not have to have any dietary restriction for his/her thyroid ailment.
- ✓ Ideally all newborn babies should be checked for hypothyroidism on the first or fourth day of life itself; an expectant mother should request her obstetrician to test her newborn baby's thyroid status at birth.
- ✓ Since hypothyroidism is a chronic condition **all medical records** pertaining to the illness including the initial thyroid function test result based on which therapy was started need be **preserved** with utmost care and produced to the treating physician on demand ; this can prevent unnecessary confusion in work-up and treatment.

Hypothyroidism is one of the most gratifying diseases to treat. Diagnosis is easy, treatment is simple and cheap, follow-up protocol uncomplicated and, properly undertaken, the therapy is without any side effect and the results are dramatic and excellent. However, in most cases treatment need be continued lifelong.

Posted: May 19, 2013