



HYPOTHYROIDISM

What is hypothyroidism?

Hypothyroidism (underactivity of the thyroid gland) occurs when the thyroid gland produces less than the normal amount of thyroid hormone and the result is a “slowing down” of many bodily functions. Although hypothyroidism may be temporary, it usually is a permanent condition. Of the nearly 30 million people suffering from a thyroid condition, most have hypothyroidism.

Features of hypothyroidism

In its earliest stage, hypothyroidism may cause few symptoms, since the body has the ability to partially compensate for a failing thyroid gland by increasing the stimulation to it, much like pressing down on the accelerator when climbing a hill to keep the car going the same speed. As thyroid hormone production decreases and the body's metabolism slows, a variety of features may result:

- Pervasive fatigue
- Drowsiness
- Forgetfulness
- Difficulty with learning
- Dry, brittle hair and nails
- Dry, itchy skin
- Puffy face
- Constipation
- Sore muscles
- Weight gain and fluid retention
- Heavy and/or irregular menstrual flow
- Increased frequency of miscarriages
- Increased sensitivity to many medications

Causes of hypothyroidism

Autoimmune thyroiditis

(Hashimoto's thyroiditis—separate brochure available)

The body's immune system may produce a reaction in the thyroid gland that results in hypothyroidism and, often, a goiter (enlargement of the thyroid). Other autoimmune diseases may be associated with this disorder, and additional family members may also be affected.

Radioactive iodine treatment

Hypothyroidism frequently develops as a desired therapeutic goal after the use of radioactive iodine treatment for hyperthyroidism.

Thyroid surgery

Hypothyroidism may follow surgery on the thyroid gland, especially if most of the thyroid has been removed.

Medications

Lithium, and high doses of iodine and amiodarone (Cordarone, Pacerone) can cause hypothyroidism.

Subacute thyroiditis

This condition may follow a viral infection and is characterized by painful thyroid gland enlargement and inflammation, which results in the release of large amounts of thyroid hormone into the blood. Fortunately, this condition usually resolves on its own. The thyroid usually heals itself over several months, but often not before a temporary period of hypothyroidism occurs.

Postpartum thyroiditis

Five to 10 percent of women develop mild to moderate hyperthyroidism within several months of giving birth, which typically lasts for about one to two months. Often, it is followed by several months of hypothyroidism. Eventually, most women will recover normal thyroid function. However, in some cases, the thyroid gland does not heal. Therefore, hypothyroidism becomes permanent and requires lifelong thyroid hormone replacement. This condition may occur again with subsequent pregnancies.

Silent thyroiditis

Transient (temporary) hyperthyroidism can be caused by silent thyroiditis, a condition which appears to be the same as postpartum thyroiditis but not related to pregnancy and is not accompanied by a painful thyroid gland.

Congenital hypothyroidism

Some infants may be born with an inadequate amount of thyroid tissue or an enzyme defect that does not allow normal thyroid hormone production. If this condition is not treated promptly, physical stunting and/or mental damage (cretinism) may develop.

Central hypothyroidism

Thyroid-stimulating hormone (TSH) is produced by the pituitary gland, located behind the nose at the base of the brain. Disease of the pituitary gland may cause damage to the cells that secrete TSH, which is required for the thyroid gland to produce normal amounts of thyroid hormone. This is not a typical cause of hypothyroidism.

Diagnosing hypothyroidism

Endocrinologists are specialists who are experienced in detecting characteristic symptoms and physical signs of hypothyroidism. However, the condition may develop so slowly that many patients do not realize that their body has changed. Diagnostic laboratory tests are the best route to confirm the diagnosis and to determine the cause of hypothyroidism.

• Thyroid Stimulating Hormone (TSH) or Thyrotropin

An increased TSH level in the blood is the most accurate indicator of primary (not central) hypothyroidism. Production of this pituitary hormone is increased when the thyroid gland even slightly underproduces thyroid hormone.

• Other tests

Estimates of free thyroxine: The active thyroid hormone in the blood. It is important to note that there is a range of free thyroxine levels in the blood of normal people similar to the range for height.

Thyroid autoantibodies: Indicates the likelihood of autoimmune thyroiditis being the cause of hypothyroidism.

A primary care physician may make the diagnosis of hypothyroidism, but assistance is sometimes needed from an endocrinologist – a physician who is a specialist in thyroid diseases.

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Treatment

Hypothyroidism is generally treated with a single daily dose of levothyroxine. Older patients who may have underlying heart disease are usually started at a low dose which is gradually increased, while younger, healthy patients can be started on full replacement doses at once. Thyroid hormone acts very slowly in some parts of the body, so it may take several months after treatment for some people to see an improvement.

Since most cases of hypothyroidism are permanent and often progressive, it is usually necessary to treat this condition throughout one's lifetime. Periodic monitoring of TSH levels and clinical status are necessary to ensure the proper dose is still effective. Optimal adjustment of thyroid hormone dosage is critical, since the body is very sensitive to even small changes in thyroid hormone levels. Levothyroxine tablets come in 13 different strengths, and it is important to take them at the same time each day. A dose of thyroid hormone that is too low may fail to prevent enlargement of the thyroid gland, allow symptoms of hypothyroidism to persist, and be associated with increased serum cholesterol levels, which may increase the risk for atherosclerosis and heart disease. A dose that is too high can cause symptoms of hyperthyroidism, create excessive strain on the heart and lead to an increased risk of developing osteoporosis.

For women planning to become pregnant, it is important that thyroid medications are kept well-adjusted, since hypothyroidism can affect the development of the baby. During pregnancy, thyroid hormone replacement requirements often change, making frequent monitoring necessary. Various medications and supplements (particularly iron) may affect the absorption of thyroid hormone; therefore, the levels may need more frequent monitoring during illness or change in medication.

Thyroid hormone is critical for normal brain development in babies. Infants requiring thyroid hormone therapy should NOT be treated with purchased liquid suspensions, since the active hormone may deteriorate once dissolved and the baby could receive less thyroid hormone than necessary. Instead, infants with hypothyroidism should receive their thyroid hormone by crushing a single tablet daily of the correct dose and suspending it in one teaspoon of liquid and administering it promptly.

Appropriate management of hypothyroidism requires continued care by a physician experienced in the treatment of this condition.