

Last Second Medicine

10 PEARLS

HYPOTHYROIDISM

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- Hypothyroidism is a common disease 4 patients/1000/year.
- Women are more commonly affected.
- If left untreated, it is disastrous leading to heart failure and dementia etc.
- With treatment, the prognosis is excellent.

Here are a few pearls which will help you in exam viva as well as clinical practice.

1

HYPOTHYROIDISM

Subclinical Hypothyroidism is raised TSH but normal T3, T4 and lack of symptoms.

Treat if:

- i. $\text{TSH} > 10 \text{ mu/L}$
- ii. Previously treatment of Grave's disease
- iii. Presence of Thyroid autoantibodies
- iv. Presence of organ-specific autoimmune disease (Type-1 DM, Vitiligo, Pernicious anaemia etc) as these patients are likely to develop clinical hypothyroidism.

2

HYPOTHYROIDISM

As the disease is insidious, both you and your patient may not realize that anything is wrong.

Have a low threshold for doing Thyroid function test (TFTs), especially in women > 40 years old.

3

HYPOTHYROIDISM

Dyslipidemia & Macrocytic anaemia commonly occur.

So do Lipid profile and Blood counts in these patients.

4

HYPOTHYROIDISM

Primary autoimmune hypothyroidism is the commonest etiology.

It can be either primary atrophic hypothyroidism (common) or Hashimoto's Thyroiditis.

5

HYPOTHYROIDISM

In women aged 60 – 70 years, Hashimoto's Thyroiditis is commoner cause of Hypothyroidism.

6

HYPOTHYROIDISM

Start Thyroxine in low dose in elderly & patients of Coronary artery disease to avoid precipitation of angina.

Start with 25 mcg/day. Increase dose in 25 mcg increments on monthly intervals.

7

HYPOTHYROIDISM

After adjusting the Thyroxine dose, wait for at least 4 weeks before repeating TFTs to see if the dose change is right.

8

HYPOTHYROIDISM

TSH levels vary during the day so during monitoring, try to repeat the test at the same time.

TSH troughs at 2 PM and it is 30% higher during darkness.

9

HYPOTHYROIDISM

Iodine content in Amiodarone can lead to inhibition of T4 release leading to Hypothyroidism.

Do 6 monthly screening with TFTs in a patient taking Amiodarone.

10

HYPOTHYROIDISM

Myxedema masks the commonly associated Addison's disease.

Add steroids to thyroid hormone until adrenal cortical insufficiency is excluded.

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