

INTRODUCTION

KNOW ALL ESSENTIALS
ABOUT

RISK

EPIDEMIOLOGY

Subclinical Hypothyroidism

MANAGEMENT

INTRODUCTION

1. **TSH** > 4mU/L
2. T4 & T3 - Normal
3. Asymptomatic

EPIDEMIOLOGY

- ~ 10% in > 55 Years

RISK

- 2% *progress to* Hypothyroidism
- Risk increases with:
 - Increased TSH levels
 - **Positive** Thyroid Peroxidase Antibodies
 - Male Gender

MANAGEMENT

- Confirm in 2–4 months the persistence of raised TSH
- Review history for any non-specific features e.g. depression, lethargy
- Have a low threshold for carefully supervised treatment

TREAT IF :

1. **TSH** > 10mu/L
2. Positive **Thyroid autoantibodies**
3. Past history of treated Graves' disease
4. Other Autoimmune Diseases - more likely to progress

- **TSH** - 4 to 10 & vague symptoms - Treat for 6 months
 - continue if symptoms improve *or* the patient is trying to conceive

- None of the above - Monitor TSH **Yearly**

Risks from **well-monitored treatment** of subclinical hypothyroidism are small

**EFFECTS OF
TREATMENT**

BUT IF OVER-TREATED

There is an increased risk of **Atrial fibrillation & Osteoporosis**

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