HYPOTHYROIDISM

The Underactive Thyroid

Hypothyroidism refers to a condition in which the amount of thyroid hormones antibodies below normal. This is the most common form of thyroid functional abnormality, and is far more common than an overactive thyroid. Large population studies have shown that as many as one woman in eight over the age of 50 has evidence of the earliest stages of hypothyroidism. Usually, patients with a mild disease feel entirely well. However, follow-up studies show that many people with mild thyroid failure do eventually require thyroid hormone therapy in later years; therefore, such patients should be followed closely if evidence of mild thyroid deficiency is found on routine blood testing.

If you develop hypothyroidism you may begin to feel rundown, slow, depressed, sluggish, cold, tired, and they will lose interest in normal daily activities. Other symptoms may include dryness and brittleness of hair, hair loss, dry and itchy skin, constipation, muscle cramps, and increased menstrual flow in women.

The diagnosis of hypothyroidism is not a difficult one. Measurement of the blood level of the thyroid hormone thyroxine (T4) as well as the pituitary thyroid stimulating hormone (TSH) may be all that is necessary. A T4 in the low or normal range, plus a high TSH confirms the diagnosis of thyroid failure. There is absolutely no evidence that hypothyroidism can be detected by taking your temperature.

In very rare instances the pituitary making TSH itself fails, usually due to the presence of a tumor in the pituitary gland. When this happens, the pituitary no longer stimulates the thyroid properly, and "secondary" hypothyroidism results.

Treatment of hypothyroidism is also straightforward. Thyroid hormone is usually prescribed as pure thyroxine (T4) (Synthroid or Levothroid). Desiccated (dried and powdered) thyroid, once the most common form of thyroid therapy, is prescribed less often today because it also contains triiodothyronine (T3), a rapidly acting thyroid hormone which produces more variable blood levels than the pure thyroxine preparations, it also may vary in potency from batch to batch, because it comes from animal thyroid gland, which can vary in their thyroid hormone content. Most endocrinologists switch patients who are taking desiccated thyroid to thyroxine, which is purer and has a constant level of potency. There is no evidence that desiccated thyroid, a "biologic" preparation, has any advantage over "synthetic" thyroxine. Gradually increasing doses are given until the blood levels of T4 and TSH are both in the normal range. In instances where the patient is elderly or has an underlying heart condition, it is extremely important to start with a very low dose of thyroid hormone until the body gets used to the more formal thyroid hormone levels .

It does not take much thyroxine to create a hypothyroid patient, and very few patients require more than 150 mcg daily. On the other hand, thyroid failure is an ongoing process, usually due to chronic inflammation within the gland. As a result, a dose that is appropriate for the patient one year, may subsequently be too low. To keep the patient normal, a gradual increase in thyroid hormone dosage every year or two may be necessary, as indicated by blood tests. Once the proper dosage of medication is achieved, the patient should feel completely well and be free of hypothyroid symptoms.

In those rare instances where the pituitary gland is the problem, the pituitary itself will require treatment and other types of medications may also be necessary. This is because the pituitary controls not only thyroid function but a function of many other glands within the body, including the reproductive glands and the adrenal glands.

Above all, do not forget to return to your doctor for follow up once a year so that your thyroid hormone and TSH levels can be rechecked. Similarly, if you change your doctor, remind your new physician that you have an ongoing thyroid problem that must be reevaluated at the time of your annual physical examination.

Since the most common type of thyroid gland failure is an inherited condition, examinations of the members of your family may reveal other individuals with thyroid problems. Please urge them to have their physicians check to be sure their routine thyroid is normal when they have their health examinations.