

## Kijabe OPD Guidelines

### Hyperthyroidism

#### Key Facts:

- Lifetime risk is 1% in males and 2% in females & increased in patients on HAART
- Common etiologies: **graves disease**, toxic multinodular goiter and toxic adenoma.

#### Symptoms:

- Weight loss despite an increased appetite.
- Weight gain.
- Increased or decreased appetite.
- Irritability.
- Weakness and fatigue.
- Diarrhoea ± steatorrhoea.
- Sweating.
- Tremor.
- Mental illness
- Heat intolerance.
- Loss of libido.
- Oligomenorrhoea or amenorrhoea.

#### Signs

- Palmar erythema.
- Sweaty and warm palms
- .Fine tremor.
- Tachycardia --- may be atrial fibrillation and/or heart failure (common in the elderly).
- Hair thinning or diffuse alopecia.
- Urticaria, pruritus.
- Brisk reflexes.
- Goitre.
- Proximal myopathy (muscle weakness ± wasting).
- Gynaecomastia.

#### Investigations:

- **TSH** – if this is normal consider another diagnosis
- **CBC and HBA1c** –to exclude pernicious anaemia and diabetes (*if patient has funds*)
- **Ultrasound scan** – If patients have a single nodule or unilateral swelling

#### Initial Management

- Assess if patient requires immediate consultant review – see below.
- Commence Beta Blocker to control symptoms.
  - Initially propranolol 40mg twice daily with a target pulse of 90 bpm. (Max dose 320 mg) or Atenolol 50 mg OD (maximum 100 mg)
- Commence Carbimazole 10mg twice daily and titrate till euthyroid (Max dose 60 mg)
- Review in 2 weeks if very tachycardic (> 110), but check TSH in 6 weeks.

#### Long--term management -- 3 options

1. Continue on carbimazole for 18 months
  - i. Monitor with monthly T4- once stable ( 3 normal readings) can be checked every 3 months.
  - ii. Consider taper after 18 months if TSH normal
  - iii. *Warn patients to get a CBC and stop it if they have a sore throat, fever or mouth ulcers to rule out agranulocytosis*
2. Refer to surgery team for partial thyroidectomy. (*Preferred in Kijabe if possible due to cost & monitoring*)
3. Refer for radioactive iodine (available in Nairobi, discuss with consultant)

#### Consultant review if any of the following:

- Clinically unwell or signs/symptoms of thyrotoxic crisis
- Evidence of tracheal compression
- Solitary thyroid nodule
- Voice change
- Lymphadenopathy
- Patients less than 18, older than 65
- Pregnant or considering pregnancy