Kijabe OPD Guidelines

Hypothyroidism

Key Facts:

- Lifetime risk is 2% in women and 0.2% in men (1)
- Common causes: autoimmune, post treatment for hyperthyroidism, transient or drug induced

Symptoms:

- Tiredness, lethargy, intolerance to cold.
- Dry skin and hair loss.
- Slowing of intellectual activity
- Constipation.
- Decreased appetite with weight gain.
- Deep hoarse voice.
- Menorrhagia and later oligomenorrhoea oramenorrhoea.
- Impaired hearing due to fluid in middle ear.
- Reduced libido.

Signs

- Dry coarse skin, hair loss and coldperipheries.
- Puffy face, hands and feet (myxoedema).
- Bradycardia.
- Delayed tendon reflex relaxation.
- Carpal tunnel syndrome.
- Serous cavity effusions, e.g. pericarditis orpleural effusions.
- Lid lag

Investigations:

- **TSH and T4 --** This allows distinction between primary and secondary hypothyroidism. If these are normal consider another diagnosis
- **Ultrasound scan** – If patients have unilateral swelling

Management

- Assess if patient needs consultant review – see below.
- Commence Levothyroxine: (usual dose 100-200mcg)
    - <50 years: start at 50 mcg, increase by 25 mcg every 6 weeks till reach goal
    - >50 years, cardiac disease: start at 25 mg, increase by 12.5-25 mcg every 6 weeks till goal met
    - * Check TSH every 6 weeks until stable. Once stable, can check every 6-12 months
- *Drugs that reduce absorption: PPIs, ferrous sulphate. Drugs that increase thyroxine requirements: OCPs, Rifampicin, anti-epileptic meds*

Consultant review if any of the following:

- Clinically unwell or signs/symptoms of myxoedema coma
- Solitary thyroid nodule
- Pregnant or considering pregnancy
- Patients with cardiac disease
- Voice change
- Lymphadenopathy
- Patients less than 18 years
- Secondary hypothyroidism i.e. normal TSH with low T4 or subclinical hypothyroidism

References:

1. Boelaert K, Franklyn JA; Thyroid hormone in health and disease. J Endocrinol. 2005 Oct;187(1):1–15.