



Management Tips for Common Thyroid Problems

Including what to order (and what not to order)

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Get Free T4 and not total T4



Pregnancy

Get total T4 and total T3

Free T4 and Free T3 normal ranges not valid in pregnancy

Generally methimazole and propylthiouracil used for hyperthyroidism when total T4 and total T3 values exceed 1.5 times normal



Hypothyroidism: T3 values not useful

- Total and FT3 values may be low or normal
- Generally, diagnose hypothyroidism with repeated TSH elevations

Hyperthyroidism

- Low TSH, possibly elevated FT4 and possibly elevated FT3
- Usual next step: get anti-TPO and TRAb
- THEN, if above not diagnostic, consider iodine-123 scan and uptake
- Consider beta adrenergic blocker while doing the above for symptoms and cardiac stability
- don't start methimazole till initial diagnostic workup completed

Every TSH should NOT be normal

- Central hypothyroidism
- Sick euthyroid syndrome
- Thyroid cancer TSH suppression treatment
- Amiodarone treatment



Don't get thyroid ultrasounds for hyper/hypothyroidism or diffuse goiters

- Recommendation of Choosing Wisely campaign (and others)
- High risk of finding clinically unimportant thyroid lesions
 - Thyroid nodules common
 - + Women over 50 yo: 50% chance of nodule
- Only ~5% of all thyroid nodules cancerous
- U/S is useful for focal thyroid abnormalities or symptoms





GLP-1 agonists

- Only medullary thyroid cancer is a contraindication
- No contraindication papillary, follicular, anaplastic, etc



Thyroglobulin: Use selectively

- Thyroiditis
- Thyroid cancer monitoring
- Use the right normal range



Anti-Thyroglobulin: *order rarely*

- occasionally helpful to dx thyroiditis
- antibodies themselves don't have clinical importance
- Useful for ensuring accurate TG results (automatically paired with TG order)

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