

Thyroid Disease

- Hypothyroidism
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Thyroid Disease & Women

Your thyroid gland is a large, butterfly-shaped gland located in the front of your neck. Its job is to release thyroid hormone, which regulates your body's metabolism, or the rate at which you burn glucose (your body's fuel). The most important ingredient needed to manufacture thyroid hormone is iodine, which your thyroid gland gets from food you eat, particularly seafood, salt, bread and milk.

If something goes wrong with your thyroid, however, it can affect every part of your body. The two most common thyroid diseases are hypothyroidism—in which your thyroid makes too little hormone—and hyperthyroidism—in which your thyroid makes too much. Both are much more common in women than men: 88 percent of those who develop Graves' disease, the most common cause of hyperthyroidism, and 95 percent of those who develop hypothyroidism are women. Additionally, thyroid cancer is twice as common in women as in men.

Questions to Ask Your Health Care Professional

1. How do you plan to make a diagnosis? Will my blood be tested for thyroid hormone, TSH levels and thyroid antibodies?
2. If the tests come back positive for thyroid dysfunction, what are the treatment options?
3. Will I have thyroid dysfunction all my life, or will the treatment completely cure it?
4. What are the side effects of treatment?
5. Are my children at risk for thyroid disorders?
6. How long after treatment begins should I expect to feel better?

Hypothyroidism

Hypothyroidism can result from a viral infection (in which case it's usually temporary), radiation treatment to the neck or head, an iodine deficiency or overdose or even as a side effect from the drug lithium.

But the most common cause is Hashimoto's disease (named for the Japanese researcher who identified it), an autoimmune disease that occurs when your immune system attacks thyroid cells, leading to inflammation and scarring. This damage prevents the cells from manufacturing enough hormone.

Common symptoms include heavy menstrual bleeding, memory problems, depression, tingling in your hands and feet, weight gain, pounding heart, dry skin, hair loss, brittle nails, always feeling cold, weakness, fatigue, constipation and hoarseness.

It's easy to diagnose hypothyroidism with a simple and inexpensive blood test that measures levels of thyroid hormones. Yet experts estimate that half of those with hypothyroidism aren't properly diagnosed, often because the symptoms of the condition can come on so gradually. That's why the American Thyroid Association recommends measuring blood levels of thyroid-stimulating hormone (TSH) every five years beginning at age 35.

Many experts also recommend that pregnant women have their thyroid levels tested, since about five percent of pregnant women have hypothyroidism. The condition can increase your risk of miscarriage or premature delivery.

Hyperthyroidism

Hyperthyroidism is exactly the opposite of hypothyroidism. It occurs when your thyroid gland becomes enlarged and pumps out too much thyroid hormone. In fact, one sign of the condition is an enlarged neck, also called a goiter. It most commonly occurs in women between ages 20 and 40.

Hyperthyroidism can occur if you have nodules on your thyroid that overproduce the hormone. It may also develop during or just after pregnancy. The most common cause, however, is Graves' disease, a genetic, autoimmune condition in which your immune system makes antibodies that turn on the thyroid, enlarging it and leading to hormone overproduction. Both Graves' disease and Hashimoto's disease run in families, so if your mother or sister had one of these conditions, you have a much higher risk of developing thyroid problems.

Common symptoms include weight loss and jitteriness (due to the increased rate of metabolism from all that extra thyroid hormone), pounding heart, lighter menstrual periods, feeling hot all the time and increased sweating. You may also experience muscle weakness, particularly in your arms and legs, and your eyes may "bulge" out, becoming more prominent.

Like hypothyroidism, Graves' disease is diagnosed with a simple blood test to measure levels of thyroid hormone.

Thyroid Hormone Tests

You have two types of thyroid hormone—T4, or thyroxine, and T3, or triiodothyronine. Most screening tests measure T4, which is usually low if you have hypothyroidism and high if you have hyperthyroidism. But the most sensitive test, meaning the test most likely to accurately diagnose thyroid hormone level problems, is the TSH test. It measures a hormone called thyroid-stimulating hormone (TSH).

Resources

American Autoimmune Related Diseases Association

1-800-598-4668

www.aarda.org

Sponsors physicians' conferences, research, legislative advocacy and a national awareness campaign to bring a national focus to autoimmunity.

The American Thyroid Association

703-998-8890

www.thyroid.org

Offers a patient information site with educational brochures and frequently asked questions related to thyroid diseases.

The Thyroid Foundation of America

1-800-832-8321

www.allthyroid.org

Provides free information, support and physician referrals to patients with thyroid disease. Offers counseling with thyroid information specialists to newly diagnosed patients.

This hormone is released by the pituitary gland. It signals the thyroid gland that it's time to release thyroid hormone. If your thyroid hormone levels are low, the pituitary gland pumps out more TSH, its way of shouting louder so the thyroid hormone gets the message to up hormone production. If your thyroid hormone levels are high, the pituitary gland slows production of TSH, its way of telling the thyroid to settle down.

Hyperthyroidism is usually diagnosed when TSH levels are below 0.4 uU/ml, or microunits per milliliter; hypothyroidism is usually diagnosed when TSH levels are above 4.5 uU/ml.

Treating Hyperthyroidism and Hypothyroidism

If your thyroid produces too little hormone, your health care professional will probably start you on synthetic thyroid hormone, typically thyroxine. You may only need to take the drug for a few months, or you may need to take it for the rest of your life.

Talk to your doctor about the brand of thyroid hormone prescribed; although generic brands are typically cheaper than name brands, there is some concern that they may not be as effective. Also, your thyroid hormone levels should be monitored while taking thyroxine to ensure you're getting the right dose. Once your thyroid is stable, stick with the brand and take it every day.

Treating hyperthyroidism is a little more complicated. Initially, your doctor may start you on a beta blocker like Inderal (propranolol), which slows your heart's beating and reduces blood pressure. This helps with the tremors and pounding heart, but hormone levels remain high. To lower hormone levels, one option is antithyroid drugs such as Tapazole (methimazole) or PTU (propylthiouracil).

Most often in the U.S., radioactive iodine is used to damage the thyroid gland so it doesn't produce so much hormone. Alternatively, doctors may recommend surgery to remove the thyroid gland. Whatever the treatment, sooner or later you will probably need to take synthetic thyroid hormone as soon as your thyroid begins producing less hormone. If you plan to travel and are receiving radioactive iodine, ask your doctor for a note about your treatments. The radioactivity from hyperthyroidism treatments may trigger radiation detectors at safety checkpoints for several days.

Living with Thyroid Disease

Once you and your doctor identify the best treatment for your thyroid condition, the rest is up to you. It's important that you take your medication as directed, keep appointments for blood tests and tell your health care professional about any changes in your condition.

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