



## BASIC INFORMATION

### DESCRIPTION

Hypothyroidism means the thyroid gland is underactive and produces too little thyroid hormone. The thyroid is a small butterfly-shaped gland in the neck. Just about all chemical reactions in the body are affected by the thyroid hormone. Hypothyroidism most often affects older adults, and women more than men.

### FREQUENT SIGNS AND SYMPTOMS

- A person will have some, but not all of the symptoms.
- Feeling cold (especially hands and feet).
- Decrease in sweating.
- Dry, itchy skin; paleness.
- Loss of appetite, but a weight gain occurs.
- Constipation.
- Loss of energy, feeling tired or sluggish.
- Coarse, dry, brittle hair, or hair loss.
- Muscle aches.
- Blurred vision; hearing loss.
- Sleepiness or insomnia.
- Emotional or mental changes and mood swings.
- Puffy skin around the eyes.
- Decreased sex drive.
- Changes in menstrual cycle.
- Deepened or hoarse voice.

### CAUSES

A variety of medical disorders or health problems can damage, inflame, enlarge, shrink or otherwise affect the thyroid gland and cause it to be underactive.

### RISK INCREASES WITH

- Autoimmune disorder such as Hashimoto's thyroiditis. The body's immune system functions abnormally and attacks the thyroid gland.
- Treatment for hyperthyroidism (e.g., surgery, iodine).
- Drugs (e.g., lithium) that cause thyroid dysfunction.
- Radiation or surgery of head, neck, or chest.
- Congenital (being born with hypothyroidism).
- Adults over 60. Women more than men.
- Personal or family history of thyroid disease.
- Rarely, disorders of the pituitary or hypothalamus.
- Too little iodine (rare in the United States).

### PREVENTIVE MEASURES

No known preventive measures. Screening tests for those at risk may help with early diagnosis.

### EXPECTED OUTCOME

Normal thyroid levels can be achieved with treatment. Most people will need to take thyroid hormones for life.

### POSSIBLE COMPLICATIONS

- Risk of infections, heart disease, and pituitary tumors.
- Infertility and risk of miscarriage in pregnant women.
- Myxedema coma (rare life-threatening complication).



## DIAGNOSIS & TREATMENT

### GENERAL MEASURES

- Your health care provider will do a physical exam and ask questions about your symptoms. Blood tests will be done for thyroid hormone and TSH (thyroid-stimulating hormone) levels. Blood tests may result in a diagnosis of pronounced hypothyroidism or subclinical (mild) hypothyroidism.
- Treatment for pronounced hypothyroidism involves restoring thyroid blood levels to normal with synthetic thyroid hormone. Follow-up is usually needed for several months to be sure of the correct dose of thyroid replacement. Then the follow-ups may be less frequent but still done on a regular basis.
- Treatment may be recommended for mild hypothyroidism, depending on symptoms and other factors.
- Rarely, hospital care may be needed if emergencies occur, such as myxedema coma.
- Pregnancy will require careful monitoring and additional thyroid replacement as the pregnancy advances.
- To learn more: American Thyroid Association, (800) 849-7643; website: [www.thyroid.org](http://www.thyroid.org).

### MEDICATION

Thyroid hormone replacement is often prescribed. Dosage will depend on age, weight, capacity of thyroid function, other drugs you take, and intestinal function. Don't switch brand names of your thyroid drug without consulting your health care provider.

### ACTIVITY

No limits. Stay as active as possible.

### DIET

No special diet for hypothyroidism. Avoid constipation by eating a high-fiber diet. A weight-loss diet is recommended if you are overweight.



## NOTIFY OUR OFFICE IF

- You or a family member has hypothyroidism symptoms.
- Symptoms don't improve after 3 weeks of treatment, or new, unexplained symptoms develop.
- Coma or seizures occur. Call for emergency help immediately!

Special notes:

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