



THYROID FLYER

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Feature - Mild Thyroid Failure

Editorial

By Megan Stevens

We are fortunate to be able to feature an interview Prof Jim Stockigt (a member of our Medical Advisory Committee) gave to Sigma Pharmaceuticals on the vexed question of mild thyroid failure, a topic about which there has been a great deal of debate in medical circles, as well as amongst hypothyroid patients.

We consider the diagnosis and treatment of mild thyroid failure to be one of the most important issues relating to hypothyroidism, as everyone who eventually develops full-blown hypothyroidism has to go through mild thyroid failure before they become fully hypothyroid. It is our opinion that hypothyroid patients would benefit if they could obtain diagnoses and treatment of their conditions while still in the "mild" phase before the more severe symptoms of full-blown hypothyroidism kick in.

It is also important, we believe, for hypothyroid patients to receive optimal treatment of their condition so that they are not kept in a semi-permanent state of "mild thyroid failure" even though they might be on thyroid hormone replacement therapy.

We include with this a natural companion piece (and one of my favourites) - an article on hidden hypothyroidism by Dr Lawrence C Wood of the Thyroid Foundation of America.

We are also pleased to be able to include the stories of some people with hypothyroid symptoms but who might or might not be hypothyroid, as well as stories of some diagnosed patients who might be undertreated for their conditions, to illustrate the very real symptoms suffered by people seeking diagnosis of and optimal treatment for their conditions.

Thyroxine & drug interactions

Another important issue in the treat-

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Subclinical Hypothyroidism or Mild Thyroid Failure

How important is early diagnosis and what treatment is optimal?

By Jim Stockigt

An interview with Professor Jim Stockigt, Alfred and Epworth Hospitals and Monash University Department of Medicine, Melbourne, Australia, March 2001.

What are some of the current issues or controversies in thyroid hormone replacement?

Several interesting controversies are being quite widely discussed at present. For example, should mild thyroid failure, the earliest stage of hypothyroidism, be treated, or not? Which groups in the population should be tested for possible thyroid deficiency? Does thyroxine alone always provide satisfactory treatment?

What is meant by the term mild thyroid failure?

This term is used to describe situations where people show the first feature of hypothyroidism, that is, a rise in the serum level of thyroid stimulating hormone (TSH) while the level of thyroxine (T4) remain within the population normal range. This entity is also known as subclinical hypothyroidism or diminished thyroid reserve.

The reason for recent preference for the term *mild thyroid failure* is that the early stages of primary hypothyroidism really do seem to have some important consequences - we should not just regard the elevation of TSH as a finding that is predictive of hypothyroidism in the future.

What is the prevalence of mild thyroid failure in the Australian community?

We lack direct data from the Australian population, but studies from England (1) in non iodine-deficient areas show the highest prevalence in women over 50. About 10 percent of that group show elevation of TSH without a fall in the level of serum T4, classified as mild thyroid failure. This is more than 5 times the prevalence of about 1-2% of overt hypothyroidism, where the TSH is high, associated with a subnormal level of T4.

There seems to be a good deal of variation in the prevalence worldwide depending on ethnic mix and iodine intake, but the UK studies are probably a reasonable estimate of prevalence in Australia.

Why is the term mild thyroid failure preferable to subclinical hypothyroidism or diminished thyroid reserve?

The distinction really depends on whether we regard TSH excess without clearly subnormal serum T4 as something with clinical consequences, or whether it is just a finding predictive of later thyroid failure. There is now increasing evidence that a TSH excess alone - if it is persistent - can produce symptoms and may have consequences for the cardiovascular system.

If we include the possibility of different individual setpoints, the fact that the TSH is increased could be interpreted as indicating that the thyroid hormone level actually is on the low side for that person.

What is the evidence that mild thyroid failure has clinical consequences?

There are several lines of information about this. Firstly, there are now a couple of rather conclusive double-blind crossover studies against placebo showing symptomatic improvement when people with mild thyroid failure - particularly older women - are treated with thyroxine. Symptoms that may improve include lethargy,

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Membership is not expensive and your money goes towards the costs of maintaining and hosting this site, staffing our office, producing our newsletter and researching thyroid problems and treatments.

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