



# THYROID FLYER

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## Feature - Men With Thyroid Conditions

### Editorial

By Chris McDermott

Welcome to our winter edition of the *Thyroid Flyer*. We have just had what seems to be the coldest snap for some time – certainly it seems chillier than last winter. Or is it that my T<sub>3</sub> and T<sub>4</sub> levels have dropped again ... ?

This edition is about men and thyroid conditions. This has given us the opportunity to include stories from some of our male members. These “male” stories make for interesting reading – and show a wide range of experiences and views. Is the male experience of thyroid conditions any different to the female? Do men respond differently to women? I can't answer that and this edition of the *Thyroid Flyer* cannot answer the question either. However, posing these questions has given us this fascinating material which we are happy to publish.

It is of interest to note that statistics indicate that thyroid conditions are quite common in men. Women do make up the majority of people with thyroid conditions, but there are also a lot of men with the conditions. The membership of support groups like ourselves and attendance at our meetings suggests that sufferers are almost exclusively women. Actuarial statistics we have derived show that some 1.5% of men and 7.5% of women will develop a hypo- and hyperthyroidism at some stage in their lives.

Thyroid Australia, as a support group, continues to thrive and grow. During June, our membership exceeded 500 for the first time. This is ahead of our expectations and we are very happy with the response we are getting. When we started three years ago in July 1999, we had 6 members! Our web site now gets 900 visits per week which result in 300 document downloads, 600 articles read, 400 member stories read and 500 link pages checked out. It would seem that

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### Thyroid Questions and Answers

#### Inheritance of Graves' disease

A “gene” for Graves' disease has not been identified and it is unlikely that there is a single gene for this condition. Amongst identical twins in which one twin has Graves' disease only 50% of the other twins develop the condition, suggesting that there are influences from our environment at least as important as our genes. Although Graves' disease is apparently passed from “mother to daughter”, it is more likely that both men and women inherit the genes for the disease equally but only women actually “express” the disease. Like the twins, not everyone who inherits the genes will develop the disease, the risk being higher in women. So, the observation that Graves' disease is passed on from “mother to daughter” is misleading. Men are probably just as likely to pass on and inherit the genetic material for Graves', it is just that they are around 5 times less likely to show signs of the disease.

No specific gene has yet been clearly associated with Graves' eye disease. The only two known “risk factors” for children of men with Graves' or TED which will increase their chance of having the disease are being a girl and smoking. I should point out that Graves' is not that strongly inherited: most children from a parent with Graves' will not inherit the condition. Even if they do, it is often very mild, with just antibodies in the blood on testing or even a mildly underactive thyroid. I tend to advise patients that it is something their children should be aware of “just in case” (so that it can be picked up early), rather than something they should *expect* to happen. [Colin Dayan]

#### Does Graves' disease in men tend to be more severe?

Yes, it does, even though it is rarer. And it does appear less likely to go into permanent remission (ie never come back after stopping tablets). The eye disease also tends to be more severe. However, men are less likely to have large goitres ... which is something! [Colin Dayan]

#### Graves' disease turning into Hashimoto's disease in men?

We mentioned above that men are more likely to have relapses of Graves' disease after stopping treatment with tablets. Graves' disease turning into an underactive thyroid (Hashimoto's disease) not due to radioiodine or surgery is more common than you might expect in both men and women. It probably would occur in 10–15% of patients if they waited long enough (20 years). However, nowadays, many patients receive radioactive iodine and so this development is never seen. It is important to remember that this change can happen though, because around 10–15% of patients who have had surgery (thyroid removal) for Graves' disease will develop underactive thyroids many years after their operation. This is not counting those who develop underactive thyroids immediately after the operation (ie within 4–6 weeks). [Colin Dayan]

#### Safety of radioactive iodine treatment (especially for men)?

Concerns about potential genetic damage from therapeutic radioiodine persist. However, all studies that have looked for adverse effects on the offspring of treated patients have failed to demonstrate any problems. Nonetheless, physicians have

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Public Seminar 25 August 2002.  
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# THYROID AUSTRALIA

## MEMBER BENEFITS

Full access to Thyroid Flyer is restricted to paid up members of Thyroid Australia.

Thyroid Australia's services are funded by membership fees and donations from individual members of the public.

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.

Please visit the About Us section of our web site for details of how you can join Thyroid Australia and help us help others just like you.