



# THYROID FLYER

FEATURE:	
Thyroid Eye Disease	1
TED Treatment in Australia	4
Ask The Doctor - Hairloss	5
Thyroid Testing Guidelines	11
Over To You (Members' Stories)	
The Many Facets of Hypothyroidism	6
A Diary of Hyperthyroidism	7
My Experiences with Thyroid Disease	8
Telephone Contacts	10
2003 MEETINGS	10

## Feature - Thyroid Eye Disease

### Editorial

By Gail Pascoe

Welcome to our first issue of the *Thyroid Flyer* for 2003 and my first editorial. Being elected to the role of President Thyroid Australia is both humbling and a wonderful opportunity for me to support and encourage the dedicated work of the Board and all our counselors and volunteers. I well know that the help I received from Thyroid Australia when diagnosed with Hashimoto's Disease changed my life, knowledge and approach to my illness.

This is a very important time for Thyroid Australia, we have grown substantially over the last three years and have provided counselling and advice and education to so many people with Thyroid conditions. We send out nearly 1,500 newsletters each quarter. We handle over 100 telephone, 200 emails and 100 letters each month as well as numerous requests for information. Our website receives connections from all round the world, with an average over 8,000 visitors each month.

Our aims this year are firstly to see Thyroid Australia establish an office as headquarters. Because of expanding membership and to ensure we continue to provide excellent service to members and the general public, we must expand from our purely volunteer base. We need to achieve funding for office space for our administrative staff and volunteers, so that we can continue to grow. Secondly, we aim to continue to increase publicity and hopefully substantially increase awareness of thyroid conditions, not only in the general population, but also with the medical profession and government health departments. Thirdly, we will continue to provide you with the most up-to-date thyroid research information, to educate and build your knowledge, so that in partnership with your medical

[Continued Page 12](#)

### Thyroid Eye Disease:

### Easily Missed, Much Misunderstood

By Dr Colin Dayan

A 36-year-old woman went to her GP complaining of puffiness and a gritty feeling in the eyes. On examination she had periorbital oedema and slightly red eyes. Diagnosis? Conjunctivitis.

Further history: She had thyrotoxicosis treated elsewhere with tablets for 1-2 years. Became thyrotoxic again 2 years ago and was treated by her GP with another short course of carbimazole. Now euthyroid.

Thyroid eye disease is an autoimmune mediated swelling of the retroorbital adipose tissue frequently associated with Graves' thyrotoxicosis. Although relatively uncommon, it is extremely distressing to patients, can be sight threatening and is easy to misdiagnosis. The same condition is referred to by many different terms (Table 1) causing further confusion. I will refer to it here as Thyroid Eye Disease (t.e.d.). Most doctors are unfamiliar with the range of presentations, natural history and treatment of t.e.d giving rise to many common misconceptions in t.e.d.

#### Clinical Presentation

*Misconception 1: Patients with thyroid eye disease all have "poppy" eyes*

A 48-year-old lady with thyrotoxicosis previously treated by radioiodine contacted her GP one year later to say that her eyes were itchy. She contacted the general physician that treated her who suggested she visit her GP. There was little to see on examination and she was treated for conjunctivitis. Three months later she developed double vision requiring immunosuppression and is currently pursuing a complaints procedure for delayed diagnosis of t.e.d.

There are four key features of thyroid eye disease (Table 2) and they can all occur independently of each other. Grittiness or redness of the eyes alone or with periorbital oedema especially on waking is the commonest manifestation, commonly mistaken for conjunctivitis (Table 3). Proptosis ("poppy eyes") is the best recognised sign and easily alerts the clinician to t.e.d., but it is very important to realise that diplopia and optic nerve compression can occur without any obvious proptosis (Table 3).

*Misconception 2: Both eyes are always clinically affected in thyroid eye disease*

For reasons that remain unclear, t.e.d. is often asymmetrical and not infrequently unilateral. It is therefore not unusual for it to present with proptosis of one eye, raising concerns about a retroorbital tumour (Table 3).

#### Relationship between t.e.d. and thyroid dysfunction

*Misconception 3: Patients with thyroid eye disease also always have thyrotoxicosis*

Up to 30% of patients present with t.e.d. months or years before developing thyrotoxicosis and up to 10% never develop thyrotoxicosis at all ("euthyroid Graves' disease"). Furthermore up to 2% of affected individuals actually present with hypothyroidism. However, it is true that most (40%) will present with thyrotoxicosis and t.e.d. at the same time or go on to develop thyrotoxicosis (30%) in the next year or so. The presentation of t.e.d. in euthyroid individuals can cause delay in diagnosis,

[Continued Page 2](#)

**NEXT PUBLIC MEETINGS**

**SYDNEY**

**1 March 2003**

**BALLARAT**

**29 March 2003**

**DETAILS**

**Page 10**

# 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.