



THYROID FLYER

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Feature - Thyroid Conditions and Ageing

Editorial

By Gail Pascoe

Welcome to the August edition of *Thyroid Flyer*. In this edition we look at the effects of thyroid illnesses on the ageing population. Thyroid illnesses continue to develop in people as they age and ultimately a significant percentage in the elderly, as many as 30% of people over 75, have a thyroid condition, many undiagnosed.

We have been advised by various Professors of Endocrinology from our Medical Advisory Committee that many elderly people with a late developing thyroid condition go undiagnosed, their symptoms often misinterpreted as dementia or "plain old ageing" when their quality of life could be dramatically improved and the incredible costs of high dependency care lowered. These are issues of extreme importance for all of us, our society, our governments in particular, and us the taxpayers, who foot the bill.

We have recently made submissions to various Federal and State government departments for project funding to spread the word to doctors and aged care facilities Australia wide, including regional areas, about improving the levels of diagnosis and the impacts of thyroid conditions on the elderly. Hopefully we will receive favourable responses.

As yet, no response!

You can help us achieve funding. How?

Write to your local member of parliament (both State and Federal). The more we highlight the problems of thyroid conditions to our politicians, then hopefully the awareness levels in government will rise to the problems that we all face living with a chronic illness. We may not have illnesses with as high a profile as diabetes or asthma, but the impacts of thyroid conditions on individuals (both young and

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Thyroid Disease in Late Life

By Paul G Walfish

The risk of thyroid dysfunction increases with age and is most prevalent in elderly females. Thyroid dysfunction often escapes clinical detection because its symptoms often mimic those changes associated with aging itself. Hypothyroidism can be masked by the clinical features which it shares with the symptoms of aging that include a general slowing of mental and physical function, tendency to low body temperatures and cold intolerance, weight gain, constipation, hardening of the arteries, elevation of serum lipids (cholesterol), elevation of blood pressure and anemia. Apathetic (indifferent) behaviour may be part of aging but may also be the presenting finding of hyperthyroidism in the elderly. Hyperthyroidism, with its associated irregular heart rhythms, congestive heart failure, nervousness, sweating, weight loss and muscle weakness, may also be misinterpreted as part of the aging process.

Owing to the atypical, non-specific and meagre clinical findings that may occur for thyroid disease among the elderly, appropriate recognition depends upon a high index of suspicion on the part of the clinician and confirmation by appropriate laboratory testing. However, the interpretation of thyroid tests requires a familiarity with the minimal reductions in circulating levels of thyroid hormones associated with aging, itself. In addition, co-existing decreases in caloric intake, acute and chronic nonthyroidal illnesses as well as a variety of pharmacologic agents and x-ray dyes also affect their interpretation. Such conditions may modify thyroid tests to either mask existing thyroid dysfunction or induce changes which simulate abnormal results by spuriously increasing or decreasing circulating levels of thyroid hormone concentrations [(thyroxine T_4) or L-triiodothyronine (T_3)] as well as levels of pituitary thyroid stimulating hormone (TSH). When these complicating factors are excluded, the usual normal ranges for younger adults with slight modifications for age should suffice in diagnosing both hypothyroidism and hyperthyroidism. In particular, newly devised methods for measuring serum TSH by ultrasensitive methods have improved the early detection of thyroid dysfunction in the elderly, especially when the above mentioned complicating factors have been excluded.

Detecting Hypothyroidism In The Elderly

When hypothyroidism is suspected in the elderly, a serum T_4 and T_3 Uptake (T_3U) assay [*Ed: In Australia today this test would be replaced by a test of Free T_3*] should be performed in conjunction with a routine measurement of serum TSH. In typical primary hypothyroidism, the T_4 and T_3U tests are below normal and the serum TSH increased. Routine screening of elderly populations (greater than 60 years of age) not uncommonly detects increases in serum TSH among approximately 15-20% of such subjects, with females having a 3-4 fold greater risk compared to males. However, the majority of elderly subjects detected by TSH screening are relatively asymptomatic and have a serum TSH level at less than 10 mIU/L (with upper limit of normal being 3.5 mIU/L). It is estimated that among such patients with moderate increases in TSH, only 50% will have symptomatic improvement following a cautious trial of thyroid hormone

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**NEXT
PUBLIC
MEETINGS**

**MONASH UNI 31 August 2003
MELBOURNE 29 November 2003**

**DETAILS
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THYROID AUSTRALIA

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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.