



THYROID FLYER

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Editorial By Gail Pascoe

We have great news for you all. We have been granted approval to share a community facility office in Mount Waverley (a suburb of Melbourne) with the Thalassaemia Society of Victoria. We are so grateful to their Board of Directors and Ms Sandra van Lith for making this decision and their wonderful support. We are also most thankful to the City of Monash who granted us approval to share the facility.

We are in the throes of making arrangements to move in to the office, hopefully by the end of March. Our phone number and email address will stay the same, but our fax number and postal address are likely to change. We will give you the new details when we have them. What will be wonderful is the opportunity for members to pop in and say hello. We will have room for meetings and coffee mornings. The office is easily accessible from the Monash Freeway and there is loads of parking. It is also on a major bus route a few kilometres from the Mount Waverley station.

For the future this is a wonderful step forward for our organisation. We will be able to utilise the services of many of our members who have volunteered their help, but until now it has been very difficult for them to assist, because we didn't have a suitable office. We are beginning the process of setting up our computer and communications systems and furniture, then we will be arranging rosters and training of volunteers. Like to help? Do you have general admin experience? Do you have a day (5 hours) a week or fortnight? Let us know, we would love to hear from you.

We don't yet have all the furniture we need. Do you have an old desk, office chair, shelves or a Macintosh computer?

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Thyroid Disease - The "Problem" By Prof Jack Wall

Thyroid disorders are common, affecting over 30% of women, and 3% of men. Hashimoto's thyroiditis is the most common autoimmune disorder that affects humans, and about 15% of women will develop this disorder at some time in their lifetime. The end result of this chronic destructive process is hypothyroidism. About half of these women have subclinical hypothyroidism which is defined as normal blood thyroxine (measured as free T₄), positive thyroid antibodies – the marker for autoimmunity of the thyroid – and increased TSH as the pituitary gland tries to "fire up" the failing thyroid, but no symptoms. Many of these people do in fact have symptoms but since they are all "non specific", treatment (with thyroxine) is often delayed for long periods. Recent studies about the significance of subclinical and early hypothyroidism re-enforces the notion that treatment should be as early as possible.

Graves' disease, the most common cause of hyperthyroidism, affects about 1% of women and 0.1% of men. A unique antibody, called TSH receptor antibody (TRAb), which stimulate the thyroid cell to grow, divide and secrete large amounts of thyroid hormones, causes this autoimmune disorder. About 10% of patients with Graves' disease have associated cardiac problems such as rapid or irregular heartbeat or large heart (cardiomyopathy). Very rarely, patients may die as a result of a cardiac arrhythmia or heart muscle damage. An eye disorder, called ophthalmopathy, develops in about half of the patients and may be serious in about a third of these. Ophthalmopathy, which may lead to disfiguring swelling of the eyes, severe eye pain, double vision and, occasionally loss of vision and even blindness, can be diagnosed early by demonstrating serum antibodies against eye muscle proteins and, in the longer term, prevented using specific immunosuppressive drugs such as blocking mono clonal antibodies.

About 8% of apparently normal women develop post partum thyroiditis, a transient but serious inflammatory disorder of the thyroid, which occurs as the immune system, rebounds after the relative immunosuppression of pregnancy. Patients are usually hyperthyroid, then develop a prolonged period of hypothyroidism while the damaged thyroid cells recover. Sometimes they are hypothyroid at the onset. Post partum thyroiditis can often recur with subsequent pregnancies and become chronic, leading to Hashimoto's thyroiditis. Post partum thyroiditis, and thyroid antibodies without thyroid disease, may be triggers for depression in the post partum period.

Smaller proportions of adults develop another form of transient thyroiditis, called subacute thyroiditis, following throat or other infections. Again, patients typically are hyperthyroid at the onset then become hypothyroid and finally euthyroid (normal) when the damaged thyroid has recovered. Silent thyroiditis is similar but, as the name implies, occurs in the absence of symptoms. About 10% of patients taking the anti-arrhythmic drug amiodarone – which contains large amounts of iodine – become hyperthyroid and another 10% hypothyroid as a result of a toxic effect of the iodine on the gland. Amiodarone-induced hyperthyroidism can be very difficult to treat and may require emergency thyroidectomy to cure the thyroid inflammation and release

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NEXT PUBLIC MEETINGS

HORSHAM 3 April 2004
MELBOURNE November 2004

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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.