



# THYROID FLYER

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## Current Issues

### Editorial

By Gail Pascoe

Welcome to this edition of *Thyroid Flyer*. We are now in the final planning stages for our SEMINAR for 2004. We are looking forward to welcoming you to the event. It will be held at Monash University, Clayton Campus on Sunday 7<sup>th</sup> November, 2004.

Again this year we are excited by the wonderful opportunity we all have to learn significantly from our renowned speakers about the various thyroid illnesses that affect us.

Prof Jack Wall (Endocrinologist) will speak on autoimmune disease as related to Graves', Hashimoto's and Thyroid Eye disease. Dr Richard Arnott (Endocrinologist) will speak on the treatment and management of thyroid illnesses. Dr Mary-Anne Papalia (Endocrinologist – Jean Hailes Foundation) will speak on Insulin Resistance. Ian Gillan PhD (Nutritionist) will speak on the weight management issues related to people with a slow metabolism and Type 2 diabetes.

A reminder that this year it is essential that you book your place (closing date is the 22<sup>nd</sup> October – so we can get your entry ticket to you before the day. Call our office on (03) 9888 2588 or email us at support@thyroid.org.au to book.

The more people we have at our seminar, the better the funds we have to provide support to all our members and clients. So, if you are able, it would be great if you gave the enclosed Seminar Poster (only distributed to members) to an interested friend, OR put it up in a local area such as your doctor's surgery or chemist. If anyone would like more posters to put up or distribute, contact our office and we will send you some.

Included also for members with

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### Current Issues in Thyroid Disease Management

Leading Experts Discuss New *JAMA* and *JCE&M* Reports During Endocrine Society Audio-conference

By Patricia A. Stephens, Ph.D.

On February 12, 2004 an audioconference sponsored by The Endocrine Society brought together three experts to discuss current issues in thyroid disease management, particularly the implications of intriguing new reports published in *The Journal of the American Medical Association (JAMA)* and *The Journal of Clinical Endocrinology & Metabolism (JCEM)*. The speakers were Carole Spencer, Ph.D., University of Southern California, Los Angeles; Kenneth Burman, M.D., Washington Hospital Center, Washington, DC; and David Sarne, M.D., University of Illinois, Chicago. Following the talks, conference listeners asked the speakers about specific cases or other details related to their own experience and clinical practice.

The presentations addressed issues of interest to physicians who evaluate and manage patients with thyroid disease, focusing on three key questions:

- Who needs treatment for thyroid dysfunction?
- What products should be used for treatment?
- What should be the clinical and biochemical treatment goals?

#### The New TSH Reference Range (0.4-2.5 mIU/L)

Dr. Carole Spencer began the program with a discussion of the clinical implications of the new thyroid stimulating hormone (TSH) reference range proposed in the consensus guidelines from the National Academy of Clinical Biochemistry

(NACB) ([www.nacb.org](http://www.nacb.org)). She focused on how to interpret TSH values used to diagnose thyroid dysfunction and monitor levothyroxine therapy.

**NACB guidelines.** The within-person variability for TSH is much narrower than the between-person variability represented by the population reference range that is cited on laboratory reports. The new NACB guidelines recommend how to select individuals for determining the TSH reference range using the presence of thyroid autoantibodies – particularly thyroid peroxidase antibody (TPOAb) – as a critical exclusion criterion.

There is consensus that the mean TSH value of euthyroid individuals lies between 1.0 and 1.5 mIU/L and that the lower TSH reference limit is about 0.4 mIU/L. If TSH values conform to a Gaussian distribution, then the upper limit should be ~2.5 mIU/L. The NHANES III population survey, however, found that TSH reference limits for different subpopulations were typically skewed above that limit. The NHANES data also suggest that this skew results from the inclusion of individuals with occult thyroid autoimmunity that are not necessarily detected with current TPOAb methods.

As a result, the TSH upper reference limit that appears in laboratory reports is inaccurate, and this led to the new NACB guideline stating that most healthy euthyroid persons have a serum TSH concentration below 2.5 mIU/L, confirmed with a repeat measurement after three weeks,

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**NEXT PUBLIC MEETINGS**

**MELBOURNE  
CANBERRA  
FOSTER**

**7 November 2004  
24 November 2004  
27 November 2004**

**DETAILS  
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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.