



THYROID FLYER

Inside

The Thyroid and the Mind and Emotions	1
Thyroid Dysfunction and Mental Disorders	2
Psychological Symptoms and Thyroid Dis.	3
What is wrong with me?	4
Depression and Thyroid Illness	7
Depression, CFS or Thyroid Dysfunction?	8
Members Story—A Soliloquy	10
Telephone Support and Meetings	11/12

Newsletter of Thyroid Australia Ltd

Volume 7 No 3 December 2006

Psychological Aspects

Editorial

By Christopher McDermott

Welcome to the third and last edition of the Thyroid Flyer for 2006. Robyn Koumouroou, our current editor, has compiled another edition full of interesting reading – this time on the psychological aspects of thyroid conditions, making it an appropriate complement to the last bumper edition on diet and thyroid. This may well be Robyn's last edition for a while. She will be having a very well-earned rest now from nearly all her volunteer contributions to Thyroid Australia. We wish her all the best.

Another retirement from our committee at this time is Alun Stevens. A founding member of Thyroid Australia, with his wife Megan, Alun also is very deserving of a break. Alun has been a very important contributor – setting up and maintaining our website, producing and editing thyroid newsletters, creating and presenting our support volunteer training programs, giving public presentations, keeping the finances in order and acting as company secretary. Also, he has answered many emails to many inquirers on the more technical aspects of thyroid conditions, treatments and being something of an expert in the statistical side of blood tests and other scientific aspects of thyroid conditions.

We had our annual general meeting on 26 November at the Waverley office. We have some new committee members nominating and I am looking forward to introducing the new committee early next year. More on that in the next newsletter. *Editorial continued pg 6.*

Christmas Break

Thyroid Australia will be closed from December 15th to January 26th. The office will reopen on Monday January 29th.

The Thyroid and the Mind and Emotions/ Thyroid Dysfunction and Mental Disorders

A.G. Awad, MD, BCH, PhD, FRCP©

Associated Professor of Psychiatry, University of Toronto
Director, Psychobiological Medicine Unit,
Department of Psychiatry, Toronto Western Hospital

The Thyroid and the Mind and Emotions

Summary of an address to the Kitchener-Waterloo Area Chapter, October 27 1984.

The psychiatric disturbances which accompany hyperthyroidism and hypothyroidism, the two commonest thyroid disorders, mimic mental illness. People with an overactive thyroid may exhibit marked anxiety and tension, emotional lability, impatience and irritability, distractible overactivity, exaggerated sensitivity to noise, and fluctuating depression with sadness and problems with sleep and the appetite. In extreme cases, they may appear schizophrenic, losing touch with reality and becoming delirious or hallucinating. An underactive thyroid can lead to progressive loss of interest and initiative, slowing of mental processes, poor memory for recent events, fading of the personality's colour and vivacity, general intellectual deterioration, depression with a paranoid flavour, and eventually, if not checked, to dementia and permanent harmful effects on the brain. In instances of each condition, some persons have been wrongly diagnosed, hospitalized for months, and treated unsuccessfully for psychosis.

Detection of the thyroid problem is complicated by the fact that everyone feels anxiety and tension to some degree, that many thyroid symptoms are similar to those of other diseases, and that hypothyroidism in particular often develops insidiously over a considerable time. But the results of overlooking the thyroid can be serious. It is very important for the physician to explore fully and give the

tests for thyroid dysfunction, which today are relatively simple. When effective thyroid treatment is begun, the general response is quite favorable. Vitality returns and the mental processes become efficient again. If there is a residue of emotional difficulties, it may be related not to the thyroid gland but to other aspects of life.

The question arises: since thyroid hormone therapy is so rewarding for patients who have depression associated with a malfunctioning thyroid, would it also benefit those who have normal thyroid function? The answer is not yet clear, though it has helped some who did not respond to anti-depressants.

Nor is the relationship clear between stress and the thyroid. The number of people who cite unusually stressful experiences before the onset of hyperthyroidism seems to bear out the theory of stress as a precipitating factor. While others can come through the same upheavals without developing thyroid disease, some perhaps are predisposed to it. On the other hand, it can be argued that the illness itself, before its symptoms are manifested, is contributing to the situation of stress.

The physician must also be careful to check the thyroid in cases where psychiatric medications must be taken over a long period. Lithium, the drug commonly used to stabilize the moods and increase the efficiency of manic-depressives, can cause hypothyroidism, particularly in middle-aged women who are the most susceptible to this trouble; the hypothyroidism in its turn can produce depression, the very problem that the treatment was intended to relieve.

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 member of the public.

Membership is not expensive and your money goes towards the cost of maintaining and hosting this site, staffing our office, producing our newsletter and researching thyroid problem an treatments.

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