# HYPOTHYROIDISM REFERRAL GUIDELINE

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### **HIGH RISK**

# SUGGESTED EMERGENT CONSULTATION

#### **SYMPTOMS AND LABS**

Profoundly elevated TSH (>50)

Swelling, hypotension, hypothermia, mental status changes (consider hospitalization)

Exacerbation of other health conditions

### **MODERATE RISK**

SUGGESTED CONSULTATION OR CO-MANAGEMENT

#### SYMPTOMS AND LABS

Elevated TSH (>20 - <50)

Symptoms interfering with life or aggravating other health conditions

On therapy, TSH not normal after several adjustments

### **LOW RISK**

# SUGGESTED ROUTINE CARE

#### **SYMPTOMS AND LABS**

TSH (0.270 - 20)

Fatigue, cold intolerance, constipation, depression, other mild or nonspecific symptoms

On therapy, normal TSH but persistent symptoms

## SUGGESTED PREVISIT WORKUP

Need to know is this a new dx or long standing diagnosis?

If referring to Endocrinology & Diabetes, please provide full lab report for TSH and Free T4

Is the patient on therapy? What therapy?

? Recent change in symptoms or control

Start levothyroxine therapy in most cases 1.6-1.8 mcg/kg or call us for an initial recommendation

## SUGGESTED WORKUP

If referring to Endocrinology & Diabetes, please provide full lab report for TSH and Free T4

Detailed medication history if on therapy

Make sure patient is taking medication the same way every day, not missing doses

Consider poor absorption if on therapy

## SUGGESTED MANAGEMENT

Levothyroxine therapy if TSH is high

If TSH is only minimally elevated (< 8) and patient feeling well, reasonable to observe off therapy. TSH periodically

If TSH is above 8 or FT4 is low, we do suggest levothyroxine therapy

Monitor therapy with TSH 6-8 weeks after starting therapy or after any dose adjustment

### CLINICAL PEARLS

- Commonly due to autoimmune thyroiditis (Hashimotos)
  that causes primary hypothyroidism. Very common in the
  general population and in people with personal or family
  history of other autoimmune disorders.
- Other causes: surgery, I-131 therapy, radiation, idiopathic, central/secondary hypothyroidism (uncommon)
- Sometimes TPO antibodies or Tg antibodies are helpful to diagnose Hashimotos.
- Although thyroxine is best taken on an empty stomach in the morning, consistent dosing is most important. It should
- be taken at least 3-4 hours away from a calcium or iron supplement. Missed doses should be taken as soon as possible.
- It is helpful to have initial data and treatment history, including any adjustment. A year's worth of data is helpful if there's been a lot of change.
- An Ultrasound is not necessary unless there is a palpable abnormality. However, if the patient has had an US please send us this data.

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These clinical practice guidelines describe generally recommended evidence-based interventions for the evaluation, diagnosis and treatment of specific diseases or conditions. The guidelines are: (i) not considered to be entirely inclusive or exclusive of all methods of reasonable care that can obtain or produce the same results, and are not a statement of the standard of medical care; (ii) based on information available at the time and may not reflect the most current evidenced-based literature available at subsequent times; and (iii) not intended to substitute for the independent professional judgment of the responsible clinician(s). No set of guidelines can address the individual variation among patients or their unique needs, nor the combination of resources available to a particular community, provider or healthcare professional. Deviations from clinical practice guidelines thus may be appropriate based upon the specific patient circumstances.

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