HYPOTHYROIDISM REFERRAL GUIDELINE

Maine Medical Partners - Endocrinology & Diabetes Center · 175 US Route One, Scarborough, ME · (207) 396-7700

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

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 T_4

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

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

SUGGESTED WORKUP

If referring to Endocrinology & Diabetes, please provide full lab report for TSH and Free T_4

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

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 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 FT_4 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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