



Hypothyroidism: What it looks like and Treatment Options

Hypothyroidism in the general population is suspected to range anywhere from 10-15%. For this reason it is vital that we understand and utilise every strategy at our disposal to ensure proper medical management of this condition. The most common form of hypothyroidism is Hashimoto's thyroiditis, making up over 90% of all hypothyroid cases not just in Ireland but worldwide. Being so prevalent in society means you'll be dispensing medication or fielding questions about the medications the person is taking.

Those who suffer from hypothyroidism have exceedingly varied degrees of symptoms. This in of itself, isn't a particular problem for clinicians to identify and treat as we have long known the collective symptoms that make up the hypothyroid condition. Classic symptoms are usually hair loss, fatigue, constipation, 'brain fog', and weight gain, among many more less common symptoms.

The tricky thing about hypothyroidism is the treatment itself, which is not always a straight line to improvement.

At present the accepted and only mainstream management for hypothyroidism, regardless of its origins, is the use of levothyroxine. This monotherapy has been the mainstay approach of the modern medical world since its commercial release of levothyroxine in the 1950s.

At the time of its introduction, it made treatment of hypothyroid symptoms much more reliable and safe compared to the previous method of using natural desiccated thyroid (NDT) medication. NDTs contain a large dose of T4, some T3, and a small amount of T2, T1, and calcitonin. As technology and standards improved so did the reliability of NDT medications but by that time, levothyroxine had been firmly

established as the gold standard in medical management.

Even with the introduction and extensive use of levothyroxine there still remain a sizeable population that do not seem to respond to the conventional therapy. As anecdotal evidence, in my practice I have been witnessing a very high rate of poor symptom response to just levothyroxine treatment only. These patient's usually exhibit the worst of the hypothyroid symptoms:

- Excessive, almost crushing, fatigue
- Crippling brain fog
- Severe constipation
- Systemic joint or muscle pains that incapacitate them
- Unrelenting weight gain
- Debilitating anxiety/panic attacks
- Infertility or recurrent miscarriages
- Among other symptoms

In my search for an answer I came upon the earliest treatment method of the hypothyroidism which was NDT. Nowadays NDTs are better regulated and much more consistent, compared to its earlier counterparts however there are still issues with production that make it less than ideal for a lot of patients. Anecdotally, only a very small portion of my patients respond favourably to this form of monotherapy.

For those patients that do not respond well to just levothyroxine or NDT alone, the addition of liothyronine is a game changer. When given with levothyroxine, my patients almost universally reported an improvement in all observable metrics. The degree of improvement is dose dependent and also relies heavily on



*Written by Dr. Shandeep Momi,
MRCGP*

*Founder of Functional Thyroid Care
www.functionalthyroidcare.com
Facebook: @functionalthyroidcare
Instagram: @functionalthyroidcare*

improving the supporting systems of the thyroid. Once those supporting systems are improved, the patient usually notices a subtle, yet sustained, improvement in their symptoms.

One of the most effective ways of getting good relief from patients taking both levothyroxine and liothyronine is multidosing. While levothyroxine is designed to be taken once daily, due to longer half-life, liothyronine should ideally be given in multiple doses, specifically because of its much shorter half life. Most patients need to start with three times a day dosing and as their symptoms stabilise, are able to take it twice a day.

With the dissemination of medical knowledge through the internet, more and more patients are taking their health into their own hands and are looking for answers. As a result many patients are self medicating and self treating with over the counter thyroid preparations from foreign countries. To keep thyroid management safe and effective for our patients, GPs, Endocrinologists, and pharmacists should be looking at all these treatment options and tailoring them to the patient's needs. I hope that this provides some insight into where and how the alternative treatments for hypothyroidism can be utilised and when.