

PATIENT INFORMATION

What you Need to Know When you are Starting on Thyroxine Treatment

Underactive thyroid (hypothyroidism) is very common, especially in women. The most common cause is an autoimmune condition caused by antibodies that circulate in the blood and attack the thyroid, causing it to fail.

Some people need to take Thyroxine because they have had thyroid surgery or radiotherapy causing thyroid failure. Others may need Thyroxine because the pituitary gland is not functioning.

You will be treated with replacement Thyroxine. Thyroxine is now officially called Levothyroxine but most people still call it Thyroxine.

By taking Thyroxine you are simply replacing a hormone that is usually produced within the body. It is very rare for Thyroxine to cause side-effects as long as the dose is right.

Aims of treatment with Thyroxine

To reduce symptoms of underactive thyroid

The symptoms such as tiredness, feeling cold, dry skin and hair and weight gain, are often vague or possibly due to other causes. If your symptoms do not improve you should tell your doctor. If your symptoms are not better when your blood tests are good, the symptoms are most likely due to something else.

To normalise your thyroid blood tests.

For the majority of people, the only test needed to monitor Thyroxine treatment is to measure Thyroid Stimulating Hormone (TSH). If your dose of Thyroxine is too high the TSH will be low. If the dose is too low, the TSH will be high. Some patients, such as those with pituitary gland problems may need measurement of other hormones. The best TSH range to aim for is between 0.35 and 2.0 mU/l. It is not healthy to take too much Thyroxine. If the TSH is low for a long time there is increased risk of thinning of the bones (osteoporosis) and abnormal heart rhythm called atrial fibrillation.

For patients taking Thyroxine for pituitary problems the TSH measurement is not reliable and measurement of other hormones may be needed. Your endocrinologist will advise you

Whenever your dose of Thyroxine is changed you should have a repeat TSH done 4 to 6 weeks later to check that the change has been successful.

Be careful when taking other medications. Iron medications, calcium and some antibiotics can interfere with the absorption of Thyroxine. If possible do not take Thyroxine within 2 hours of these medications. If in doubt ask your GP for advice.

What to do if you are planning pregnancy

It is important whenever possible to be on the correct dose of Thyroxine before you try to become pregnant. This may improve the chance of pregnancy and is important for the development of the baby's brain in the first few weeks. The dose of Thyroxine usually increases in pregnancy.

The ideal plan is to:

1. See your GP to check your TSH is between 0.35 and 2.5 mU/L before you get pregnant
2. As soon as you know you are pregnant you should increase your dose of Thyroxine by 25 micrograms per day. Do not wait until you have seen your GP or for a blood test result.
3. Arrange to see your GP and have a blood test as soon as you can. This will tell us whether any further increase is needed.

The aim is to keep TSH between 0.35 and 3.0 mU/L for the rest of the pregnancy.

4. Have a repeat test 4 weeks after any change in dose.

5. Following delivery, Thyroxine dose should be reduced to the pre-pregnancy dose and a further blood test for thyroid function should be performed at 6 weeks post-partum.

It is unusual that there is any need for additional thyroid scans or monitoring due to underactive thyroid in pregnancy.

This guidance is not appropriate for people who are taking Thyroxine after treatment for Thyroid cancer (separate leaflet available).

Produced by

Consultant Endocrinologist

Department of Diabetes & Endocrinology

For further assistance or to receive this information in a different format, please contact the department which created this leaflet.