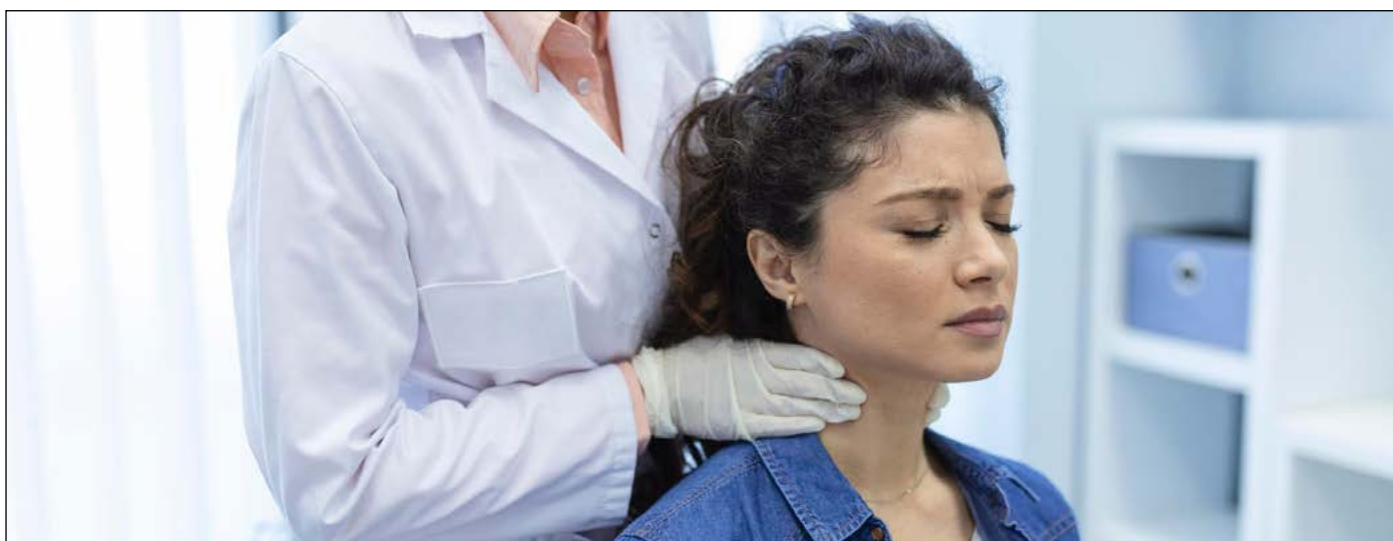


Hypothyroidism



Hypothyroidism is a common long-term condition in which the thyroid gland does not produce enough thyroid hormones. These hormones help regulate how the body uses energy and support the normal functioning of many organs, including the heart, brain, muscles, and digestive system. The condition usually develops gradually and can generally be managed successfully with daily medication and regular blood tests.

Background

The thyroid is a small, butterfly-shaped gland situated at the front of the neck. It produces hormones that help the body convert food into energy and regulate many essential body functions. When thyroid hormone levels are too low, many of the body's normal processes slow down. Symptoms often develop gradually and may therefore go unnoticed for months or even years.

What is Hypothyroidism?

Hypothyroidism, also known as an underactive thyroid, occurs when the thyroid gland cannot produce enough thyroid hormones to meet the body's needs. It may be mild and cause few noticeable symptoms, or it may become more severe if it is not diagnosed and treated. This slowing of the body's functions may affect a person's energy levels, mood, weight, concentration, heart rate, and bowel movements. The severity of the condition differs from person to person.

Types of Hypothyroidism

There are four main types of hypothyroidism:

- 1. Primary Hypothyroidism**
This is the most common and happens when the thyroid gland cannot make enough hormones.
- 2. Secondary Hypothyroidism**
This rare type happens when parts of the brain that control the thyroid gland do not work properly.

3. Tertiary Hypothyroidism

This type happens when the brain cannot properly signal the thyroid gland to produce enough thyroid hormone.

4. Subclinical Hypothyroidism

This is a mild form where blood tests are slightly abnormal, but thyroid hormone levels remain normal. Some people do not need treatment straight away but may need regular blood tests.

Signs and symptoms of Hypothyroidism

Symptoms usually develop slowly and may differ from person to person. Common signs and symptoms include:

- Ongoing tiredness or weakness.
- Feeling colder than other people.
- Unexplained weight gain.
- Constipation.
- Dry skin and dry, thinning hair.
- Difficulty concentrating or thinking clearly.
- Low mood or depression.
- Muscle or joint pain.
- A slow heart rate.
- A hoarse voice.
- Heavy or irregular menstrual periods.
- Fertility difficulties.

These symptoms can also occur with other medical conditions. A diagnosis therefore cannot be made on symptoms alone and must be confirmed through appropriate blood tests.

Causes and risk factors of Hypothyroidism

The most common cause is Hashimoto's disease, an autoimmune condition in which the immune system mistakenly attacks the thyroid gland.

Other possible causes include:

- Inflammation of the thyroid gland, known as thyroiditis.
- Previous thyroid surgery.
- Radioactive iodine treatment or radiation to the neck.
- Certain medicines.
- A thyroid gland that did not develop or function properly from birth.
- Disorders affecting the pituitary gland.
- Too much or too little iodine.

Hypothyroidism is more common in women and older adults. The risk is also increased in people with a family history of thyroid disease, previous thyroid treatment, recent pregnancy, or other autoimmune conditions.

Possible complications of Hypothyroidism

Untreated or poorly controlled hypothyroidism may contribute to:

- High cholesterol.
- Heart disease or heart failure.
- Fertility and menstrual problems.
- Complications during pregnancy.
- Poor growth and development in children born with the condition.

In rare cases, severe untreated hypothyroidism may result in myxoedema coma, a life-threatening condition in which the body's functions slow down dangerously. This requires urgent hospital treatment.

Prevention of Hypothyroidism

Many cases of hypothyroidism cannot be prevented because autoimmune disease, congenital abnormalities, necessary thyroid treatment, surgery, or certain medicines cause them. However, early diagnosis, correct use of prescribed medication, and regular monitoring can prevent the condition from worsening and reduce the risk of complications. People who are at increased risk should discuss appropriate thyroid testing with their healthcare practitioner.

Diagnosis

A healthcare practitioner will consider the patient's symptoms, medical history, and physical examination. The diagnosis is mainly confirmed through blood tests.

The first test is usually the thyroid-stimulating hormone (TSH) test. A high TSH level may indicate that the thyroid is underactive and not producing enough hormones.

A second test, known as free thyroxine or free T4, is often performed to confirm whether the thyroid hormone level is too low. A low free T4 level may support the diagnosis of hypothyroidism.

Thyroid antibody tests may also be requested when an autoimmune cause such as Hashimoto's disease is suspected.

Treatment and management

Hypothyroidism is usually treated with levothyroxine, a medicine that replaces the thyroid hormone the body can no longer produce adequately.

Blood tests are performed after treatment has started or the dosage has been changed to ensure that the dose is correct. Once the condition is stable, continued monitoring is required. Most patients will require treatment for the rest of their lives.

Patients should take their medication exactly as prescribed and should not stop or adjust it without consulting their healthcare practitioner. Too little medication may allow symptoms to continue, while too much may cause complications such as an abnormal heart rhythm or weakened bones.

What is covered under the PMBs?

Hypothyroidism is included in the Chronic Disease List of the Prescribed Minimum Benefits.

The medical scheme must provide benefits for the diagnosis, treatment, and care of confirmed hypothyroidism in accordance with the PMB Regulations and the applicable treatment algorithm. This may include relevant consultations, thyroid function tests, ongoing monitoring, and appropriate chronic medication.

The PMB treatment guidelines (algorithm) include blood tests (TSH and FT4), treatment with thyroxine (levothyroxine), and regular monitoring of thyroid hormone levels. A medical scheme may require the patient to:

- Register hypothyroidism as a chronic condition.
- Use a designated service provider.
- Obtain medication from a designated pharmacy.
- Follow the medical scheme's treatment guidelines (evidence-based protocols).
- Use medication included in the medical scheme's approved medicine list (formulary).

Patients should confirm these requirements with their medical scheme to avoid unnecessary co-payments. The care provided by the medical scheme must meet at least the minimum standard required by the PMB Regulations.

Conclusion

Hypothyroidism slows down many of the body's functions, but it is generally manageable once it has been correctly diagnosed. Taking the prescribed medication consistently and attending regular blood tests can help manage symptoms and prevent complications. Anyone experiencing ongoing tiredness, unexplained weight gain, sensitivity to cold or other possible symptoms should consult a healthcare practitioner for appropriate assessment.

With appropriate treatment, most people with hypothyroidism can lead healthy and active lives

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