

Consult Request

SPECIALTY

Endocrinology

CHIEF COMPLAINT

Diabetes/Hyperthyroidism

COMMENTS TO SPECIALIST

This is a 71-year-old male with a history of controlled atrial Fibrillation (AF). His recent labs were:

- January 2024
 - Thyroid-Stimulating Hormone (TSH):6.900
 - Normal Thyroxine(T4): 7.4
- April 2024
 - TSH: 5.920
 - Normal T4: 6.5

He has had no history of thyroid disorder.

MAIN QUESTION

Could you provide recommendations for the next steps? How often should TFTs be repeated? Would you categorize this patient as having subclinical hypothyroidism?

Specialist Response

SUMMARY

Treatment options are available at the primary care level.

DETAILS

The patient has mild subclinical hypothyroidism, given elevated Thyroid stimulating hormone (TSH) and normal Thyroxine(T4). She recommended the following:

- Check TSH and free T4 in about 3 months

- If the TSH starts going above 9–10, you can try low-dose levothyroxine 25 mcg daily. If you start thyroid medicine or change the dose, repeat labs in 6 to 8 weeks to see if the patient needs titration of the dose or if the current dose is good.
- Check antithyroid antibodies -Thyroid Peroxidase Antibodies (TPOAb) and thyroglobulin antibodies (TgAb).
 - Sometimes, the TSH goes up transiently if the patient is sick with an upper respiratory infection. If they are positive, he is more likely to develop hypothyroidism in the future. However, if they are negative, I would not be too concerned.
- Educate the patient on symptoms of hypothyroidism, including fatigue, constipation, and dry skin; if he were to get any of these, then he may want to repeat labs sooner rather than later.