

CHIEF COMPLAINT

Graves Disease

COMMENTS TO SPECIALIST

This is a 67-year-old female with Graves disease. She is being treated with Tapazole 5/2.5 qod.

- Labs
 - Thyroid Stimulating Hormone (TSH): 1.37
 - Thyroxine (T4) total: 5.7
 - Triiodothyronine Receptors (T3R): 33
 - Free T4 (FT4) Index: 1.9

MAIN QUESTION

Please evaluate for medication adjustment. The patient's appointment with Endocrinologist is 4 months out.

Specialist Response**SUMMARY**

Treatment options are available at the primary care level

DETAILS

The patient's Graves disease is under control and well managed on Tapazole. The elevated Thyroid Stimulating Immunoglobulin (TSI) indicates that her Graves' dx is still active. Tapazole can control hyperthyroidism, normalizing thyroid hormone levels and TSH, but would not directly affect TSI. A decline in TSI would indicate that Graves' disease might be going into remission, but this is not the case with this patient. T3RU is an indication of thyroid binding globulin and not thyroid hormone level. TBG is lower in hyperthyroidism. Since she is asymptomatic and has normal Thyroid Function Tests (TFT), continue the present dose of Tapazole.

- Retest TFT in 6-8 weeks, including TSH, FT4 and Free Triiodothyronine (FT3) or Triiodothyronine (T3).
- If TSH is rising, decrease Tapazole 2.5 mg qd.
- If lower TSH, rise in FT4 and / or FT3, then increase the dose of Tapazole.
- Do not stop Tapazole since she still has active Graves. If her Graves' is not going into remission, treatment with Iodine-131 (I131) or surgery could be considered and should be discussed with the Endocrinologist.

Thank you for the courtesy of this consultation