Croydon NHS
Primary Care Trust
Clinical Assessment Service

Hyperthyroidism

Management

Primary Care management includes

- Thorough history and examination to assess signs and symptoms of hyperthyroidism, with attention to eyes and cardiac system.
- Blood testing for serum Thyroid Stimulating Hormone (TSH), Thyroxine (T4), and Triiodothyroid (T3) levels.
- **All people with hyperthyroidism should be referred to an endocrinologist.** If the person has no features of hyperthyroidism, treatment does not need to be initiated in primary care. If the person has features of hyperthyroidism, treatment may be initiated in primary care while waiting for the specialist assessment:
- Beta-blockers are first choice unless contraindicated. They reduce the risk of tachyarrhythmias in people with hyperthyroidism.
- Antithyroid drugs may be initiated in primary care in certain circumstances: If beta-blockers are contraindicated, or in addition to beta-blockers if features of hyperthyroidism are marked. If a GP is initiating an antithyroid drug while waiting for a specialist opinion, it is suggested that they use a starting dose of carbimazole 20 mg once a day, or propylthiouracil 100 mg three times a day. However, the decision to start an antithyroid drug in primary care should be discussed with the specialist concerned.

Specialist management

There are three treatments used by specialists for hyperthyroidism, all of which are associated with similar improvements in quality of life and patient satisfaction [Cooper, 2003]:

- **Antithyroid drugs** (Carbimazole (contraindicated in pregnancy), and Propylthiouracil).
- **Radioactive iodine**
- **Surgery** - frequently used in the past, uncommonly now
- Treatment is initially monitored by free thyroxine (T4) values, as suppression of thyroid-stimulating hormone (TSH) may persist for months despite adequate management [Franklyn, 1999].

When to refer

Emergency [discuss with on-call specialist]

- Severe symptoms of thyrotoxicosis that warrant immediate medical attention. Features of a 'Thyroid Storm' include fever, agitation, confusion, coma, tachycardia, AF, D&V, or an 'acute abdomen'picture.

Urgent out-patient referral [liaise with specialist and copy to CAS]

- Patient with problematic symptoms
- **Pregnant patients**

Refer to CAS

- **ALL PATIENTS DIAGNOSED WITH HYPERTHYROIDISM SHOULD BE REFERRED TO AN ENDOCRINOLOGIST.**
- Uncertainty regarding diagnosis - symptoms or interpretation of blood tests should be referred to CAS.

Refer to RARC

- if the patient does not meet the referral criteria above consider referral to CAS requesting a RARC appointment.