

TAKE CONTROL OF YOUR HEALTH

Thyroid

By

Dr. Fatma Almarashi, M.D., F.A.C.E.
Consultant Physician & Endocrinologist
Dr. Fatma Almarashi Advanced Center
For Endocrinology, Diabetes And
Metabolism, DHCC U.A.E.



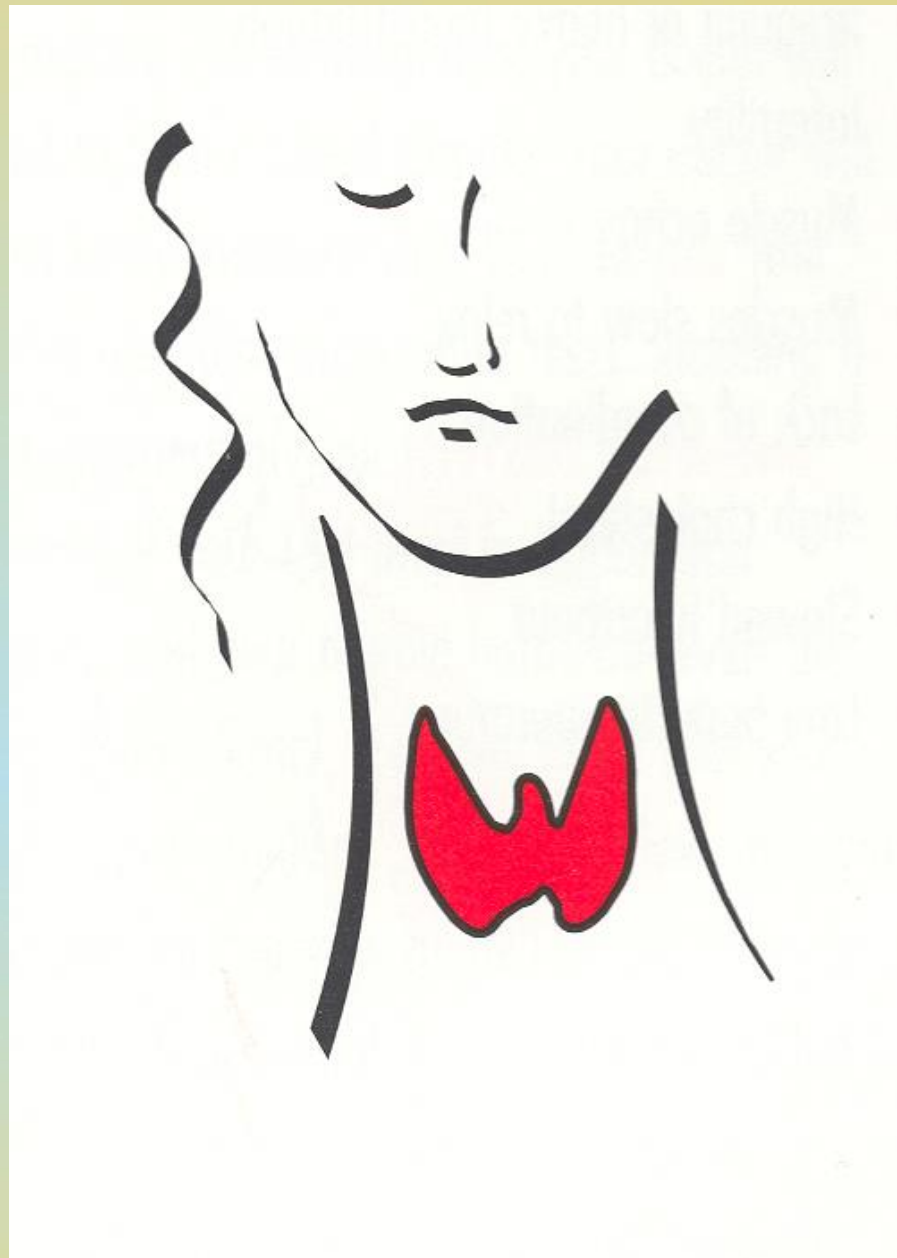
Dr. Fatma Almarashi
ADVANCED CENTER FOR ENDOCRINOLOGY, DIABETES AND METABOLISM
دكتورة فاطمة المرعشي
المركز المتقدم للغدد الصماء والسكري

Introduction

Thyroid gland is a small butterfly shaped gland
Located at the base of your neck just below your
Adam's Apple.

- It helps control the function of many of your body's most important organs, including your heart, brain, liver, kidneys and skin.
- Making sure that your thyroid gland is healthy and functioning properly is important to your body's overall well-being.







Q. Are you at risk for thyroid disease?

A. Hypothyroidism. Thyroid gland produces too little thyroid H.

- Fatigue
- Hoarseness
- Unexplained weight gain
- Dry skin and hair
- Difficulty concentrating for remembering things
- Increased cholesterol
- Depression
- Always feeling cold
- Constipation
- Vague aches and pains (muscle aches)
- Heavy menstrual flows



B. Hyperthyroidism

Thyroid produce too much thyroid H

- Nervousness/irritability
- Shaky hands (tremor)
- Fast irregular heart beat/SOB usually with exercise
- Increased sweating and heat intolerance
- Unexplained weight loss
- Diarrhea/frequent bowel movements
- Sleeplessness (Insomnia)
- Thyroid enlargement – eye irritation
- Decreased menstrual flow
- Impaired fertility



HYPOTHYROIDISM

thyroidism

DRY, COARSE HAIR

LOSS OF
EYEBROW HAIR

PUFFY FACE

ENLARGED THYROID
(GOITER)

SLOW HEARTBEAT

ARTHRITIS
COLD
INTOLERANCE
DEPRESSION
DRY SKIN
FATIGUE
FORGETFULNESS

HEAVY
MENSTRUAL
PERIODS

INFERTILITY
MUSCLE ACHES

WEIGHT GAIN

CONSTIPATION

BRITTLE NAILS

HYPERTHYROIDISM

thyroidism

HAIR LOSS

BULGING EYES

SWEATING

ENLARGED THYROID
(GOITER)

RAPID HEARTBEAT

DIFFICULTY
SLEEPING

HEAT
INTOLERANCE
INFERTILITY
IRRITABILITY

MUSCLE
WEAKNESS
NERVOUSNESS

SCANT
MENSTRUAL
PERIODS

WEIGHT LOSS

FREQUENT
BOWEL
MOVEMENTS

WARM, MOIST
PALMS

TREMOR
OF FINGERS

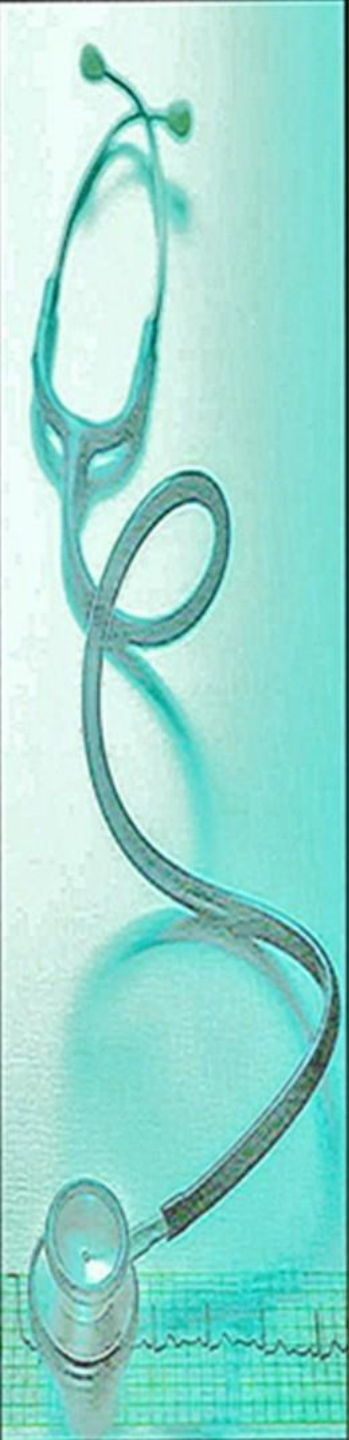
SOFT NAILS

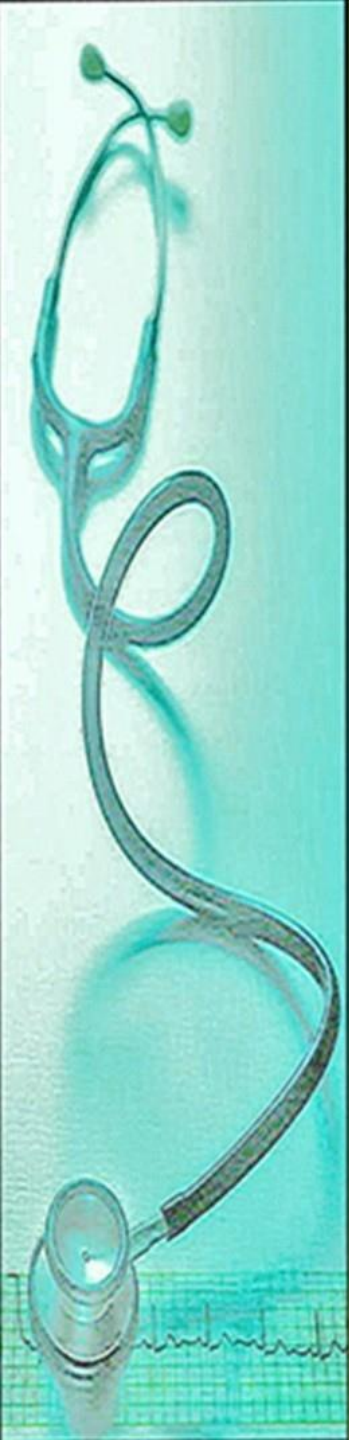
This diagram is to be used for informational purposes only. Please consult your physician for proper diagnosis and treatment.

©3 Watson, Inc. 1994.

Thyroid Disease Risk Factors

- Previous thyroid dysfunction
- Goiter
- Surgery or radiotherapy
- DM
- Pernicious Anemia
- Coarse or thinning of hair
- Use of medicines such as Lithium carbonates or iodine-containing compounds
- History of head or neck irradiations
- Family history of thyroid disease





- If you have any of these S&S or risk factors you may have undiagnosed thyroid disease.
- If you think you are at risk, ask your doctor for a thyroid test or refer you to an Endocrinologist

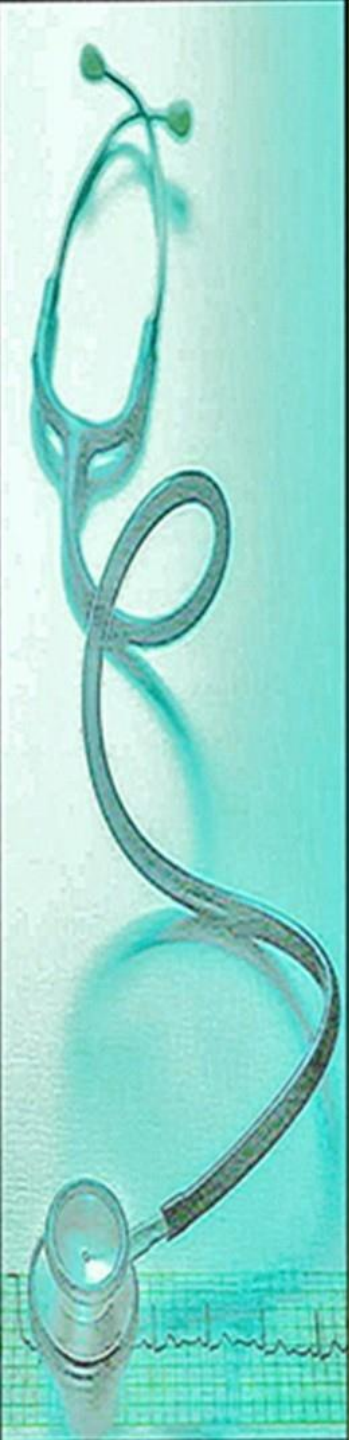


Q. How is Hypothyroidism usually treated?

A. Hypothyroidism is treated by replacing the body's thyroid hormone with a single daily dose of Levothyroxine sodium (LT)

Since most cases of thyroid disease are permanent and often progressive it is necessary to treat the disorder throughout one's lifetime.

Periodic TSH testing is necessary to ensure that Proper LT4 dose is being given.



Q. What causes Hypothyroidism

A. Hypothyroidism: Occurs when the thyroid gland does not produce enough thyroid hormone.

- Most common cause: Autoimmune disease called Hashimoto's thyroiditis (The body's immune system attacks the thyroid)
- Some treatments of Hyperthyroidism
- Certain medicines (Lithium, Iodine, Amiodarone)
- After pregnancy
- Present at birth – run in the family.

The 3 Ts of Thyroid Health

1. Test your Thyroid

- Know the symptoms and risk factors associated with thyroid disease.
- Perform the Neck check



2. Take your medicine

3. Track your condition

- Report any recurrence of symptoms or the presence of new symptoms – to your doctor
- See your doctor regularly and have your thyroid test q 6-12 as prescribed by your doctor.



The Post Partum Period and your Thyroid

- Women have approx. 5% to 10% chance of developing a thyroid disorder after delivery.
- The percentage may increase up to 25%
If woman has an auto-immune condition such as T1DM.
- Throughout your pregnancy, however your immune system gears down or is suppressed in order to allow your baby grow without constantly being attacked as if it were a group of foreign cells. After birth it gears up again.



Post partum Thyroiditis

In some women, the immune system becomes Overactive and begins attacking the thyroid gland Because it mistakenly identifies it as a group of Foreign cells – resulting in post partum thyroiditis.

PPT – Develops 3 months after delivery
(Hyper – Hypo or hypo only)

PPT – reverses itself in most cases and thyroid Function returns to normal (75%, 25% remains hypo)

PPT and Depression

-Women sometimes experience a period of depression and sadness after giving birth.

-“Baby Blues” – Post Partum Depression

-It is possible that post partum depression is due to thyroid dysfunction.

-If feeling depressed at least 2 weeks or more post partum? suffering from underactive thyroid gland.

