

# **HYPERTHYROIDISM**

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**Week 15**

## **Educational Objectives:**

1. Identify the signs and symptoms of hyperthyroidism
2. Understand how to diagnose hyperthyroidism
3. Know the treatments available for hyperthyroidism and the risks and benefits of each

## **CASE ONE:**

**Ms. G. R. presents to your clinic for an urgent visit. She is a 37-year-old African American, previously healthy woman who is worried that she is going crazy because of recent anxiety and strange dreams she has been having. On review of systems, she admits to palpitations, increased sweating, heat intolerance, and a few months of lighter and irregular periods. A maternal aunt had “thyroid problems” and took medication for years, but she does not know the details. She takes no medication and nothing over the counter, and she does not smoke or drink alcohol.**

## **Questions:**

1. **You, being the astute clinician you are, suspect she may have hyperthyroidism. What additional history and exam findings would support your suspicion?**

## **CASE ONE CONTINUED:**

**On exam, she has lost 10 pounds from one year prior, her heart rate is 94, and she has a stare and some proptosis. Also, she has a fine tremor of outstretched hands and her DTRs are 3+ throughout. Her thyroid is enlarged without discrete nodules, and you can auscultate a bruit over it. The remainder of her exam is unchanged from her previous visits.**

2. You explain that you suspect she may have thyrotoxicosis. She looks at you blankly until you explain you mean an overactive thyroid gland. She asks why she might have this.
  
3. What in her exam helps you determine the cause of her thyrotoxicosis?
  
  
4. After you explain that you suspect Graves' disease as the cause, she asks "What do we do now?"

**CASE ONE CONTINUED:**

**Her TSH is undetectable, her free T4 is elevated, and her thyroid uptake scan shows diffusely increased uptake. You tell her she has Graves' disease and talk to her about the treatment options. She says "I don't know what to do, what do you think I should do?"**

5. Review the treatment options for Graves' disease and discuss their relative merits and risks. What would you (and most U.S. endocrinologists) recommend?

**CASE TWO:**

**Mr. D. is an 84-year-old man you have been seeing for a few years. He comes in for regular follow-up and states that he just doesn't feel like himself. He cannot give you any more specific symptoms but, when asked directly, does report generalized weakness and low mood. On exam, he has lost five pounds, has mild hip flexor weakness, but is otherwise unchanged from his prior visits.**

## 6. How should you work up Mr. D?

### **Primary References:**

1. Reid JR and Wheeler SF. Hyperthyroidism: Diagnosis and Treatment. *American Family Physician*. 2005; 72: 623-630.
2. AACE Thyroid Task Force. American Association of Clinical Endocrinologists Medical Guidelines for Clinical Practice for the Evaluation and Treatment of Hyperthyroidism and Hypothyroidism. *Endocrine Practice*. 2002; 8: 457-468.