Subclinical Hypothyroidism

When blood tests are taken, we sometimes detect a normal level of thyroid hormones in the blood but some signs that the thyroid gland is showing signs of having to work hard to produce these levels (TSH levels). This is a common finding (3-8% of the population) and is called **subclinical hypothyroidism.**

In about 2-5% of cases this can lead to an underactive thyroid gland in the future which will require the addition of thyroxine. It is recommended that patients found to have subclinical hypothyroidism have an annual blood test to recheck levels. We usually check an antibody level which if positive can suggest you are more likely to progress to needing thyroxine. If these antibody levels are positive we may suggest a 6 monthly check. Measurement of serum TSH is generally considered the best screening test for thyroid disease. Increased values indicate hypothyroidism (underactive thyroid). It is felt to be an excellent test to indicate thyroid functioning. Reference ranges are usually defined as those into which 95% of the population will fall. They are altered slightly by ethnicity, age and iodine intake, and more substantially by pregnancy.

Clinical features:

Patients with subclinical hypothyroidism usually do not experience any symptoms. Some patients do have symptoms although these may be vague and may also be caused by many other conditions. Common clinical features of hypothyroidism include:

- Depression and fatigue
- High cholesterol
- Neck swelling
- Coarse hair
- Cold intolerance
- Constipation and weight gain
- Hoarseness
- Hearing loss
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When do we treat?

There is a general consensus that we ight consider treating this condition when a patient has a a TSH of >10. It is occasionally appropriate to treat to treat patients at lower levels. This is something to discuss with your GP.

- All patients who are pregnant or contemplating pregnancy should be treated to decrease the risk of pregnancy complications and of cognitive impairment in the baby.
- Controversy remains regarding the treatment of non-pregnant adult patients with serum TSH <10 mIU/L: in this subgroup it may be sensible to treat patients with fertility problems, patients with goitre or positive anti-thyroid antibodies.

Pregnant women with goitre, high anti-thyroid antibody titre, family history of thyroid disease or symptoms suggestive of hypothyroidism, should be screened early in pregnancy.