

Eye problems with thyroid disease

If your eyes are prominent or you have other eye problems related to your thyroid, these will not always improve as quickly as the overactivity of your thyroid. This is because the eye problems are due to the effects of antibodies on the tissues surrounding the eye, and not simply to excess of thyroid hormone. However your eye problems will improve steadily over months, so you should remain optimistic. If you have a more severe problem, we will discuss additional treatment. It is important that you should report any change in your vision to your doctor without delay.

Pregnancy and thyrotoxicosis

Thyrotoxicosis reduces fertility, but we recommend that you do not become pregnant until your condition has been fully controlled. It is essential to discuss your treatment with your doctor before conception, although it is possible to have a successful pregnancy whilst taking Carbimazole tablets.

In the first four months of pregnancy it is most important that you continue to take Carbimazole tablets, to avoid recurrence of thyroid overactivity and the risk of miscarriage. In the later stages of pregnancy, you will not need the same dose of Carbimazole and most women can stop treatment entirely between 30 and 36 weeks gestation. There is no risk to the developing baby (foetus) provided treatment is carefully supervised by a doctor who specialises in thyroid disorders.

The foetal heart rate should be monitored and recorded at each ante-natal appointment. If the heart rate is above 160 beats per minute the foetus may have thyrotoxicosis and your treatment will need to be adjusted. After delivery blood will be taken from the cord and the baby examined by a paediatrician (specialist in child health) to ensure that there are no temporary thyroid problems. The baby should be examined and blood taken by a paediatrician at one week and one month of age. Mothers usually stop taking Carbimazole during pregnancy, but the condition tends to recur in most women, often two or four months after delivery.

Mothers who have had successful thyroid surgery for thyrotoxicosis should have regular medical assessments during pregnancy, including a blood test to check for thyroid-stimulating antibodies at 24 to 28 weeks and examination by a paediatrician of the baby after birth.

How to contact us

Normal working hours (9pm to 5pm) The Endocrine Team 0161 446 3479

At other times (5pm to 9am): You should first contact your own GP, or go to your local Accident & Emergency Dept. If necessary, ring The Christie switchboard on 0161 446 3000 and ask for the Nurse Practitioner on call.



Thyrotoxicosis or Hyperthyroidism (Overactive thyroid gland)

We hope you will find this leaflet useful. It explains what thyrotoxicosis (sometimes called hyperthyroidism) is, lists the symptoms you may have and their causes. The leaflet also explains treatment options and how these work.

If you have any questions about the leaflet or you are worried about any aspect of your treatment at The Christie, please talk to your doctor. You can contact the Endocrine Team at The Christie on 0161 446 3479.

What is thyrotoxicosis?

Thyrotoxicosis arises when the body produces too much thyroxine, a thyroid hormone. Thyroxine is produced by the thyroid gland. This gland is situated in the neck in front of the windpipe. When healthy, the thyroid gland is small and cannot be easily felt.

The normal action of thyroxine is to keep all bodily functions occurring at the correct rate. It directly affects the heart rate, bowel activity, skin and other organs.

What causes thyrotoxicosis?

The thyroid gland can become overactive for two possible reasons.

- The thyroid is stimulated by chemicals in the blood stream called antibodies. These chemicals are similar to the antibodies produced by our white blood cells to fight off infection. We do not know why the body should start to produce antibodies to the thyroid gland. Likely causes seem to be a mixture of inherited factors and other influences in the environment. This condition is known as Graves' disease.

Sometimes there is prominence of one or both eyes. However, this eye condition is something which can occur with thyroid disease but is not directly caused by it. The eye condition does not always improve at the same rate as the thyroid problem when you start treatment.

- One or more parts of the thyroid become enlarged and form growths which are benign and NOT cancer. These produce an excess of thyroxine. The areas of overactivity are called thyroid adenomas.

What are the symptoms of thyrotoxicosis?

The common symptoms are: weight loss, awareness of a rapid and/or forceful heartbeat (palpitations), loose bowels, trembling of the hands, muscular weakness, difficulty sleeping, feeling abnormally hot and increased irritability. Your periods may become less frequent. The thyroid gland may be swollen. You may have a sensation of grittiness or discomfort in the eye. More rarely, you may have double vision.

Treating thyrotoxicosis

There are three types of treatment:

1. We can control thyrotoxicosis with **tablets**, using a drug called Carbimazole. This decreases the amount of thyroid hormone made in the thyroid gland. It can also reduce the levels of antibodies which cause some forms of this condition. Under special circumstances Propylthiouracil (PTU) can be used as an alternative to Carbimazole. Everything we say about Carbimazole applies to PTU.

This treatment takes about 2 to 3 weeks to take effect and during this time you may need to take another drug to control palpitations and tremor. Very rarely (1 in 10,000 patients approximately) Carbimazole may cause a severe sore throat because the **number** of white blood cells is low. Lowered white cells can make you at risk of a serious infection. **You should stop the treatment immediately and go to your GP who will do a blood test to check your white cells.** If the blood test is normal, you should continue with the Carbimazole or PTU.

This treatment may continue for up to two years but this condition can come back again later. It is very rare for this treatment to react with other medication. Carbimazole or PTU does not interfere with pregnancy. However, **you should not become pregnant until your thyrotoxicosis is controlled.** Your doctor will discuss this with you.

2. We will discuss surgical treatment with you in detail, if it is needed. If you have **surgery**, about three quarters of the thyroid gland is removed. We may recommend surgery if you have a very enlarged thyroid, or if you have a relapse after a prolonged course of tablet treatment, particularly in younger people.

3. The third treatment option is **radioactive iodine**. This is taken by mouth, as a capsule or drink, and the small amount of radioactivity is taken up by the thyroid. This reduces thyroid overactivity very effectively and without risk, except that you may later develop underactivity of the gland. In this case, it is simply dealt with by having a regular supplement of thyroxine as tablets. The amount of radioactivity involved in this treatment does not have any ill effects, but you must not become pregnant during the four months of treatment. After radioiodine treatment, we will need to take blood tests: approximately three-monthly for one year, six-monthly for the next year and then annually.

If this treatment is considered, we will give you a booklet with a full description of treatment and precautions to be taken.