



## *The Medical* **Bulletin**

# In Endocrinology

### Sub Clinical Hyperthyroidism

40 years woman with follow up of TFT. She has diffuse goiter. Has hair loss and feels unwell. No medications. Mother has Hashimoto's thyroiditis. O/E diffuses goiter, no tenderness, no nodules BP 135/82, PR 82, BMI 25. Rest normal. Lab 6 weeks TSH 0.22, Today 0.11, FT4 1.5, Total T3 150 NEXT STEP 1 Methimazole 2 RAI 3 Measure TRAb 4 Thyroid US 5 Measure TSH and FT4 after 6 months.

This premenopausal woman with no CVD or low BMD has sub clinical hyperthyroidism SCH. Diagnosis by low or undetectable TSH and T3 T4 in the reference range. Most of the cases are caused by MNG. Symptoms if present are mild. If pt is not having high risk repeat measurement 6 monthly. 7 percent progress to overt hyperthyroidism every year. SCH has higher risk for AF in elderly with TSH less than 0.1. Treatment is needed for elderly above 65 with TSH less than 0.1, younger pts with CV disease or osteoporosis and post-menopausal woman not taking bisphosphonates. All others with SCH TSH should be checked 6 monthly if greater than 0.1. Measure TRAb only if TMT is planned to find out the etiology. U/S not needed for hyperthyroidism. No indication for RAI or Methimazole

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