



Hyperthyroidism (Overactive Thyroid)

What causes it?	There are many different causes. Some causes do not require any specific treatment. The most common that require active treatment are Grave's disease, toxic multinodular goitre, and a toxic solitary adenoma.
Can I get pregnant?	If you are a woman do not get pregnant until instructed that it is safe to do so. If your thyroid function is not normal (over or under active), this can pose a significant risk to your baby and yourself.
Treatment options:	(1) do nothing (2) anti-thyroid medications (3) surgery (4) RAI (radioiodine) therapy
(1) Do nothing	An untreated overactive thyroid has many risks including osteoporosis, atrial fibrillation leading to a stroke, cardiomyopathy (heart dysfunction) to name a few. If the overactive thyroid is severe, there is a risk of "thyroid storm" which, as the name implies is dangerous and can lead to death.
(2) Anti-thyroid medications	<p>Anti-thyroid medications can be used to make your thyroid function normal if you have Grave's disease. Once there, the medications are continued for one year and then stopped. 30% remain in remission, in 70% the problem recurs. The recurrence can occur shortly after stopping, or even years or decades later.</p> <p>Side effects: Allergy, bone marrow suppression and hepatotoxicity. If you develop a mild to moderate fever, see your family doctor. If you develop a severe fever, then to go to the hospital. There are other possible side effects, but these are the more common serious side effects.</p>
(3) Surgery	<p>After surgery about 5 - 10% are still overactive requiring further treatment, 20 - 30% are underactive and 70 - 80% have normal thyroid function. Of those with normal function, 5% per year eventually become underactive</p> <p>Risks: It is not a major surgery but there are still the risks associated with surgery such as a small risk of death. There is also a risk of damaging the recurrent laryngeal nerve (resulting in possible loss of voice) and the parathyroids (resulting in possible hypocalcemia, that is, low calcium)</p>
(4) RAI (radioactive iodine)	<p>RAI involves taking a SINGLE RAI pill just ONCE, at the hospital. After RAI about 5 - 10% are still overactive requiring further treatment, 20 - 30% are underactive and 70 - 80% have normal thyroid function. Of those with normal function, 5% per year eventually become underactive. That is, RAI has the same effectiveness of surgery.</p> <p>Risks: You will have to follow some safety recommendations for 3 - 7 days after the RAI, the instructions of which will be given to you at the hospital.</p> <p>What to expect: It takes 3 - 12 months to determine if the RAI was effective. Your thyroid needs to be monitored regularly after the RAI to determine your course. After RAI the thyroid goes more overactive for a short period, usually 2 - 6 weeks after the RAI. If you are a woman, do not get pregnant until instructed by your physician, which can take 6 - 12 months after the RAI.</p>
Recommended treatment:	In most situations the recommended treatment is RAI. Surgery is usually reserved for women who don't want to wait for pregnancy, or if there are other risk factors, for example severe eye disease in Grave's disease. Pills to induce remission are used only at a patient's request as there is a high rate of recurrence. With any treatment, you will likely GAIN WEIGHT as your metabolic rate is returned to normal.
What if I develop Hypothyroidism?	You will need to take a thyroid pill for the rest of your life. This is IDENTICAL to what the body makes so the main risk is if you are given too little or too much. This dose is easily monitored through a blood test.