



## Objectives: Thyroid Disorders

1. Limit testing for thyroid disease to appropriate patients, namely those with a significant pre-test probability of abnormal results, such as:
  - a. Those with classic signs and symptoms of thyroid disease.
  - b. Those who are at higher risk for disease (e.g. postpartum women, history of atrial fibrillation, other endocrine disorders).
2. In patients with established thyroid disease, do not check thyroid-stimulating hormone (TSH) levels frequently but rather at appropriate times such as:
  - a. After changing medical doses
  - b. When following patients with subclinical disease before initiating treatment
  - c. Periodically in stable patients receiving treatment
3. When examining the thyroid gland, use proper technique, especially to find nodules.
4. In patients presenting with overt hypothyroidism:
  - a. Only order anti-TPO if clinically indicated
  - b. Treat with an appropriate T4 preparation and titrate the dose
5. In patients presenting with symptoms of hyperthyroidism (e.g. anxiety, tremor, palpitations, weight loss, dysrhythmia):
  - a. Order appropriate laboratory tests to confirm the diagnosis
  - b. Refer to the emergency department of critically ill
  - c. Once stable, order appropriate labs (thyrotropin receptor antibodies) and nuclear imaging scans, if required, to establish the diagnosis.
  - d. Treat with appropriate thionamide drugs, if indicated, or refer for radioiodine treatment or surgery.
6. In patients present with thyroid nodules:
  - a. Order imaging and laboratory tests
  - b. Refer for fine needle aspiration or biopsy if clinically indicated

\*Modified from CFPC's Priority Topic Objectives