



Cumbria Advisory Thyroid Service

INFORMATION SHEET



INFORMATION SHEET ON POSSIBLE EXTRA TREATMENT FOR THYROID PATIENTS – T3

In the 1990's research in the USA showed that a large number of patients were presenting with ongoing hypothyroid symptoms, including a very painful and debilitating condition known as *fibromyalgia*. (N.B. fibromyalgia is often confused with osteoarthritis and/or rheumatism – it presents with pain in both muscles and joints – hence the problem with diagnosis).

Around this time the Journal of Psychiatric and Neurological Medicine found a similar picture in a large majority of thyroid patients regarding the problem with muscle and joint pains.

What emerged from the USA is that most of these patients had a low T3 count, although the TSH level, and even in some cases, the free T4 levels were showing within “normal” limits.

As we are all aware in the “Thyroid Field”, TSH levels are fallible, but we do usually accept the readings regarding T4. However, it has to be said, that in taking synthetic thyroxine, as most of us do in the UK, there may be a case for wondering if this synthetic hormone is reacting as it should in producing the metabolizer – T3. In the USA, for instance, they do have the alternative of using the natural hormone (usually from pigs), which is not available in the UK, and on saying that, as a Thyroid Research Group, as well as being an Advisory Service (keeping within medical ethical guidelines), we do not advise the use of this ‘natural’ product, and, also would argue, would it produce the same as our natural hormone? It would suggest that regarding the fact that the USA, along with Germany, Australia and Canada, all use the extra T3 as part of the treatment alongside T4, indicates that there is a need for this extra element in the treatment of hypothyroidism.

The question we need to ask is – going by the large amount of hypothyroid patients having their usual tests, and hopefully taking the correct amount of thyroxine in relation to their blood test readings, why are they still remaining in the “thyroid symptom suffering field?”

Bristol University have done studies regarding this – and even the hardest man to convince in the thyroid field, Dr Toft (Chief Medical Advisor, BTF), has acknowledged that there are reasons now for looking to replace not only the T4 but the T3 also. Obviously there are plenty of people who have taken thyroxine for many years and found a plateau of reasonable health quality.

In the majority of cases, those taking the extra T3 find a dramatic change, including this change being noticed by those around them. Tolerant of pain is higher, and in some few cases, fibromyalgia becomes a non-condition. The serotonin levels are lifted in the brain, concentration becomes much better, memory improves and depression is lifted. Energy levels and appetite are improved and metabolism is enhanced, and some weight loss is noticed (not however the fluid problem – which is dealt by other methods and / or medication).

If it is suspected the thyroxine is not providing the element of T3 as it does naturally in a healthy thyroid, then does it not make sense to supplement the treatment with T3?

This extra treatment has been in use for at least the last six years in the USA, Canada, Germany and Australia. Why does it take this country so long to catch up? Where is the research for thyroid patients? Okay, our mortality rate compared to other diseases is practically non-existent. But what about the loss of life quality, the loss of health and in some cases the loss of a job and worse still, the loss of a normal family life? We may well be alive, but are we really living?

Prescribing this hormone is a problem for most G.P's. Not having met this as an ongoing treatment, and only recognising it as a treatment for thyroid coma, there is a difficulty in dosages and correct methods of taking this hormone.

Liothyronine is presented in tablet form – and issued in 20mcg. doses. However, this is a large quantity to take as replacement alongside thyroxine. In the USA, for instance, these are made in 5mg, 10 and 20mg tablet form. The smaller dosage being used most widely. The starting dose in the UK can begin at 20mcg provided that this is taken in two separate dosages, the patient cutting the tablet into two. The thyroxine dosage is cut by 50mcgs per every 10mcg of Liothyronine. Ongoing dosage of T3 can be reduced to 10mcg per day.

Example:

Patient 1 is on 150mcgs Thyroxine daily – taken first thing in the morning with a full glass of water at least 20 minutes before food. Patient 1 is still suffering various symptoms and a T3 supplement is introduced; firstly reducing the 150mcgs T4 to 50 mcgs, taken as usual (first thing in the morning) plus 4-6 hours later taking 10mcgs T3 (half a tablet), then another 4 hours later taking another 10mcgs T3.

Patient 2 is on 175mcgs T4, they are prescribed the extra T3. They are suffering from depression, memory and concentration problems. T3 is introduced by reducing the T4 to 125mcgs, and T3 taken again 4-6 hours later, 10 mcgs (half a tablet).

Patient 1 may be reduced after a trial period, or when symptoms such as palpitations occur. If symptoms of hyperthyroidism or cardiac problems occur, this patient may not be suitable for this extra hormone supplement.

In all cases patients should be assessed for previous cardiac problems. It is not advisable for patients with cardiac problems to take this supplement.

Patients should also be made aware that again, these are not “magic pills” and that weight loss may not occur overnight. Although there will be significant improvement in the quality of health the patient must also continue to eat and exercise in a healthy way.

We must ensure that patients who are already taking thyroxine supplements do not take extra supplements in the form of kelp tablets, raising the iodine levels will not help alleviate ongoing symptoms, and, in fact, may exacerbate them.

References: The Thyroid Solution: Ridha Arem, M.D. Bristol University, T.E.D. Newsletter 1999. Mary Shoman – Internet Thyroid Service.

C.A.T.S RECOMMENDS YOU ALWAYS SEEK YOUR DOCTORS ADVICE

Disclaimer

The purpose of this information leaflet is to help those suffering with thyroid disease. Whilst every effort is made to provide accurate information, it is impossible to ensure that the information given is relevant to every individual. No responsibility is accepted by CATS and it is recommended and essential, that if in any doubt about your condition, that you should always contact your doctor, specialist physician or surgeon to seek medical advice.