



Cumbria Advisory Thyroid Service

INFORMATION SHEET



TREATMENTS & EXTRA TREATMENTS

Hyperthyroid

The most common treatment used for this condition is the Anti-thyroid medication Carbimazole, some times doctors will prescribe Beta-Blockers along side this medication for a short while to help calm the thyroid down. Regular check ups will be done to make sure the thyroid is not going into under activity. Some doctors treat patients with low doses of Thyroxine to prevent this under activity, this treatment is known as Block and Replace.

After a few months (up to 18months) assessments will be made to see if the medication is working, if the thyroid is still overactive treatments such as Radio-active Iodine or thyroid surgery may be suggested. Radio-Iodine is not usually given if Thyroid Eye Disease is present.

Eye Disease in Hyperthyroid

If there is swelling behind the eyes, this is treated with steroids to reduce the swelling and antibiotic drops to damp down the inflammation and protect the eyes. Once the thyroid is stabilised the swelling and inflammation usually subsides. When double vision is still present eye surgery may be recommended. Sometimes prism lenses fitted to your glasses can correct the double vision without the need for surgery.

Eye disease in Hypothyroidism

In most cases this presents itself as sore, dry, gritty eyes. If there is inflammation present antibiotic drops are used alongside artificial tears. Thyroid Eye Disease is usually in its milder form when Hypothyroid is present. However if Thyroid Eye Disease started when Hyperthyroid symptoms were present, more severe problems such as double vision and protruding eyes may persist even when the thyroid swings into the under active phase.

Hypothyroid

This is usually treated with Thyroxine (T4), however there are a small number of patients who despite being on the maximum dose of T4 still remain unwell. Research is showing that this type of patient often responds with the extra medication T3 (Tio-thyronine) prescribed alongside the T4. With combined T3/T4 the dose of T4 has to be reduced usually by 50 microgram's and an extra 10 microgram's of T3 is added. The T3 & T4 must be taken separately as T3 is shorter acting than T4.

The T4 is taken as normal first thing in the morning before breakfast with water. Then approximately 4 – 6 hours later your dose of T3 is taken. Our T3 information sheet gives more details of this treatment.

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.